

4-625
50 9501BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9501
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. Perkins

2. DATE
OF
DEATH

Nov 4, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1235 Druid Hill Ave

Yrs.
Mos.
Days

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1950, to Nov 4, 1950, that I last saw the
deceased alive on Nov 4, 1950, and that death occurred at 2 A. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

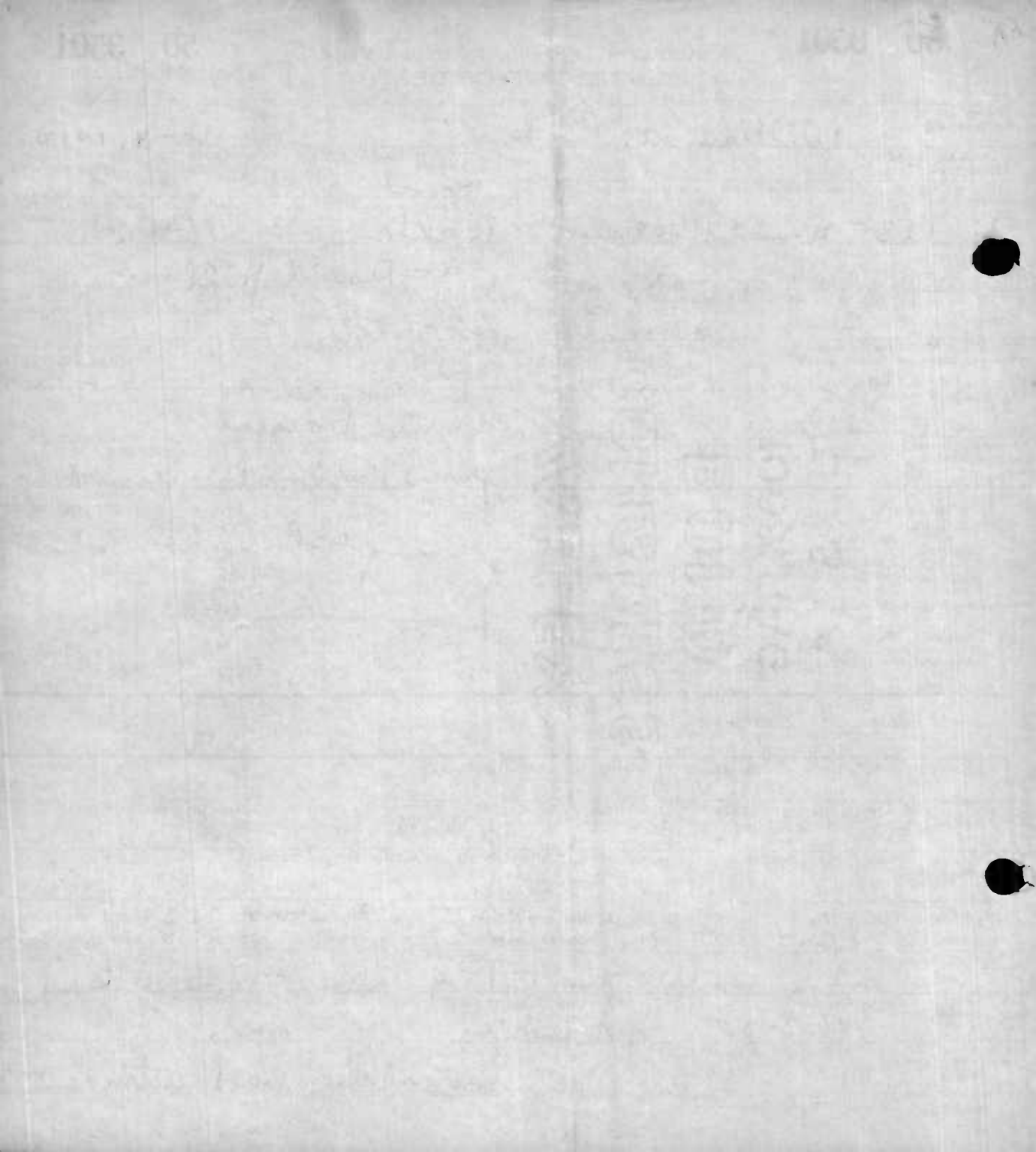
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NOV 6 - 1950

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W-650
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9502

BALTIMORE CITY HEALTH DEPARTMENT

50 9502

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary C. Wehrhahn

2. DATE
OF
DEATH

Nov. 5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1609 Calworth Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-02

D. STREET ADDRESS (If rural, give location)

1609 Calworth Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 1876

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dan Fleming

14. MOTHER'S MAIDEN NAME

- Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1609

Mrs. Howard Cot Calworth Rd

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency 10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-Sclerosis 10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1950, to Nov 5, 1950, that I last saw the
deceased alive on Nov 24, 1950, and that death occurred at 8 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edna H. Hanson, M. D.

23B. ADDRESS

1 W. Orleans

23C. DATE SIGNED

11/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/8/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 2024

V 6 - 1950

Philip Herwig Sons Orleans St

SDCO 06

RECEIVED BY AIR MAIL
JAN 10 1960

RECEIVED BY AIR MAIL
JAN 10 1960

H-252
50 9503BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9503
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) BESSIE	
2. DATE OF DEATH November 3, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital (DOA)	
c. Length of stay in Baltimore Life	
5. SEX Female	6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 19, 1901
9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
11. BIRTHPLACE (State or foreign country) Baltimore Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.
17. INFORMANT Frank Grady 681 W. Mulbery St	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO Chronic pyelonephritis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 11-3-50
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-7-1950	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>...</i>	25. FUNERAL DIRECTOR Elroy's. Wilson 10105 Bently ave	

V.S. 151-1950

7208A

0932

610

50 9504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9504

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Mary Sharp</i>			2. DATE OF DEATH <i>Nov. 3-1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>916 N. Bond St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>916 N. Bond St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>		
C. Length of stay in Baltimore <i>Several Years</i>			D. STREET ADDRESS (If rural, give location) <i>916 N. Bond St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>June 7</i>		9. AGE (In years last birthday) <i>62</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>House Wife</i>	11. BIRTHPLACE (State or foreign country) <i>St Marys Co Md</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Madison W. Haley</i>			14. MOTHER'S MAIDEN NAME <i>Rebecca Clark</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Struthe Lloyd 916 N. Bond St.</i>		

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage**5 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Essential Hypertension**3 years*(C) *Cerebral Arteriosclerosis**3 years*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-2*, 19*50*, to *11-3*, 19*50*, that I last saw the deceased alive on *11-3*, 19*50*, and that death occurred at *745 p.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

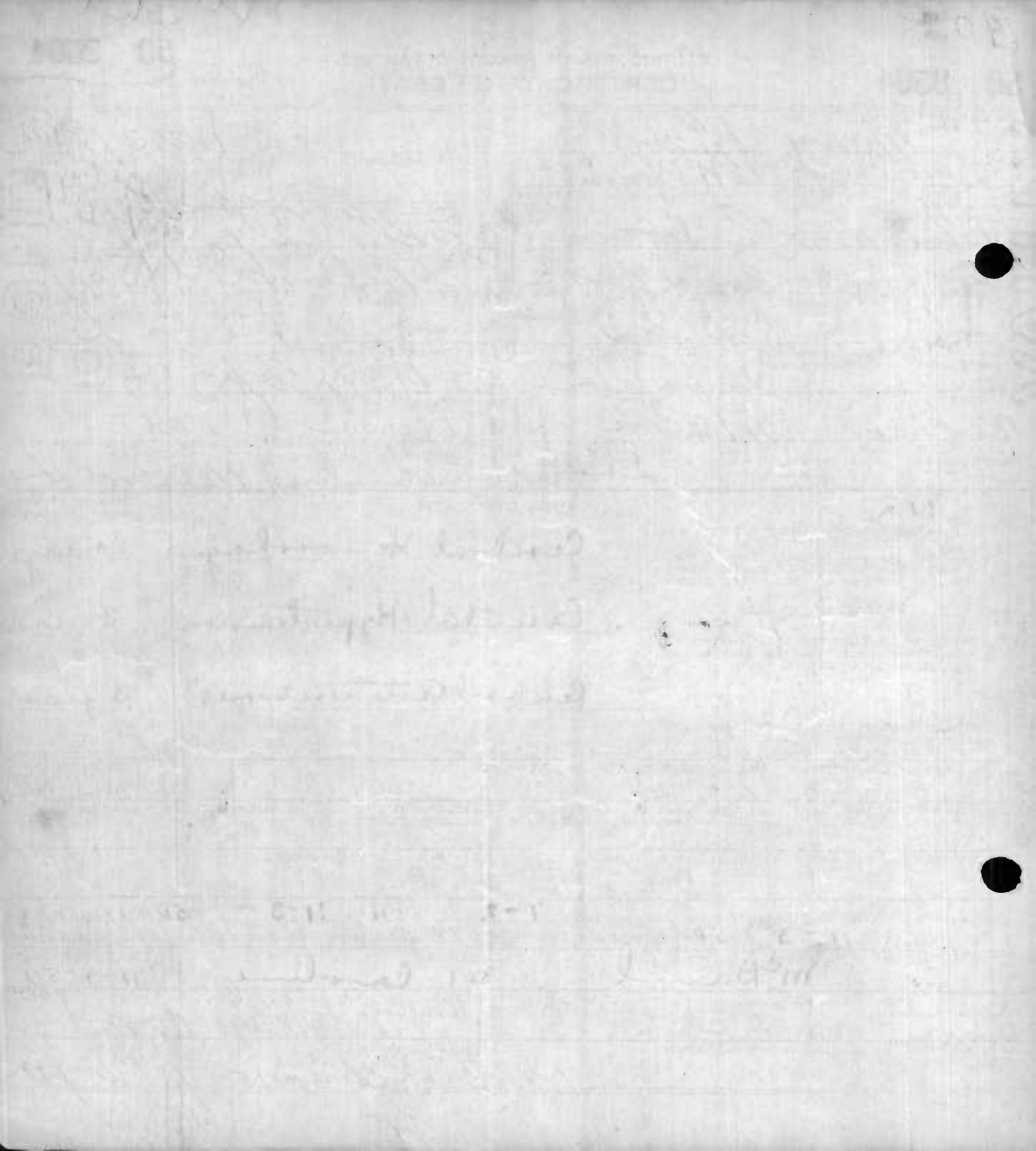
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION



525
9505

BALTIMORE CITY HEALTH DEPARTMENT

50 9505

T. CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE J. JOHNSON

2. DATE
OF
DEATH

11/3/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

COL.

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1919

9. AGE (in years
last birthday)

31

If Under 1 Year
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JERRY ROBINSON

14. MOTHER'S MAIDEN NAME

CLARA TURNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SAME 2133 Plmm Ave

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

GENERALIZED CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

SQUAMOUS CELL CARCINOMA
of Cervix

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 MONS.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/26/50

19B. MAJOR FINDINGS OF OPERATION

CHORDOTOMY FOR INTRACTABLE PAIN

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1950 to 11/3, 1950, that I last saw the
deceased alive on 11/3, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John F. Strahan

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/7/50

24C. NAME OF CEMETERY OR CREMATORY

Stevensville Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

108 ADDRESS

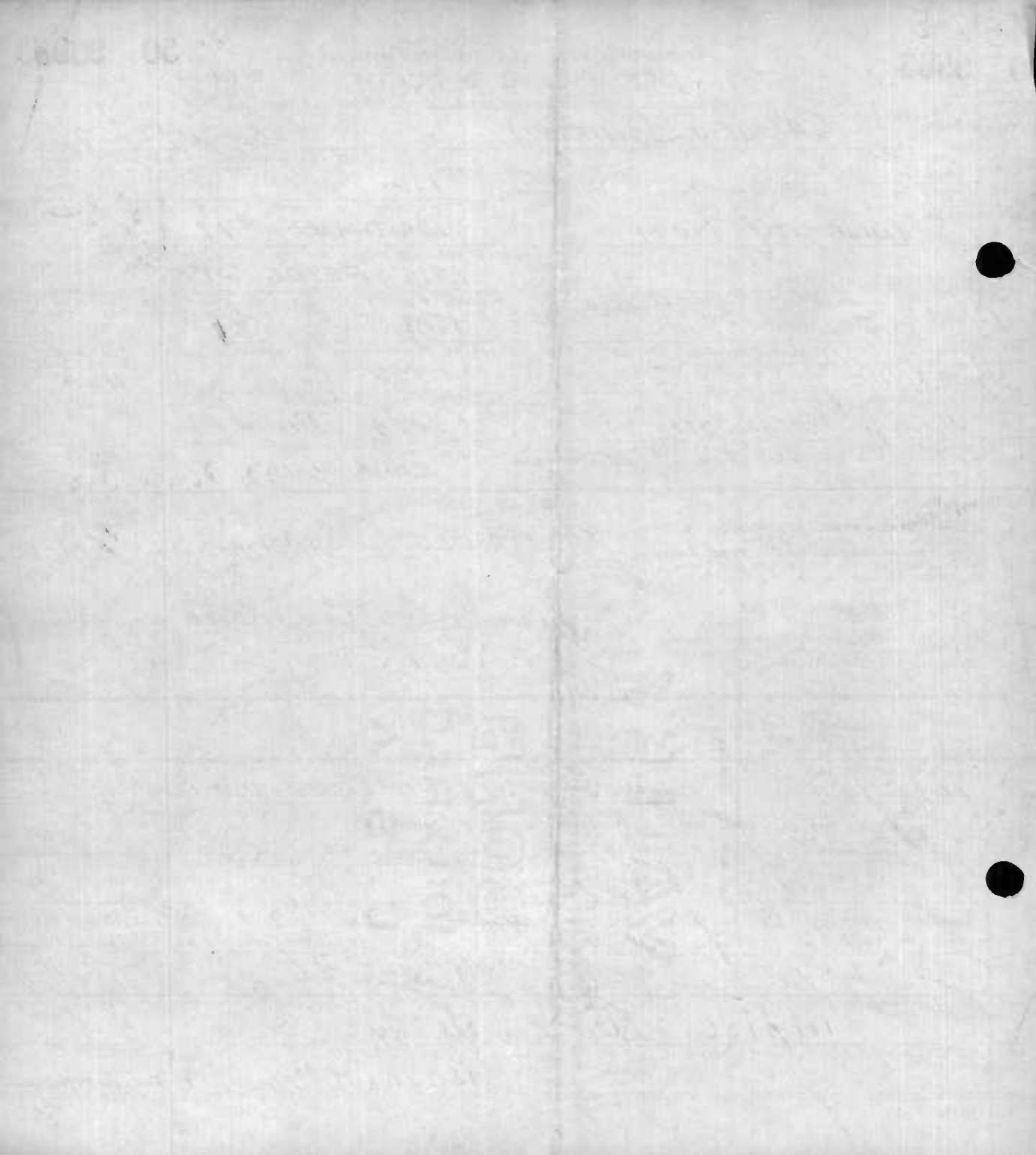
Isaac L Brown

6 Montgomery

NOV 6 - 1950

VS 150

048a St



Dr. Highstein
888 W. Lombard St.
BIRTH NO. 9506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9506
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Jennie Brunel</u>			2. DATE OF DEATH <u>Oct 5-1950</u>		
3. PLACE OF DEATH A. Baltimore City, Maryland <u>710 N. Payson St</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>710 N. Payson St.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto Md - 11-04</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>710 N. Payson St</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 29-1867</u>	9. AGE (In years last birthday) <u>83</u>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <u>Anton Seonhardt</u>			14. MOTHER'S MAIDEN NAME <u>Sena Withnear</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or <u>unknown</u>)			16. SOCIAL SECURITY NO. <u>-</u>		
17. INFORMANT <u>Mrs Jennie Winters</u>			ADDRESS <u>3219 St Paul St</u>		

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Failure</u> DUE TO	CAUSE OF DEATH <u>Myocardial Failure</u> ser. days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Fracture Femur</u> DUE TO	<u>Fracture Femur</u> 10 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Arteriosclerosis C. V. D.</u> DUE TO	<u>Arteriosclerosis C. V. D.</u> years

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21C. WHERE DID INJURY OCCUR? <u>710 N. Payson Street</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>November 3, 1949 ?p.m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Slipped and fell to floor in bedroom</u>	
22. I hereby certify that I attended the deceased from <u>about</u> , 19 <u>44</u> to <u>Nov 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>50</u> , and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>H. Highstein</u>		23B. ADDRESS <u>888 W. Lombard St</u>		23C. DATE SIGNED <u>11-6-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov 7-1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto - Md.</u>		25. FUNERAL DIRECTOR <u>George A. Farley</u> ADDRESS <u>937 Fulton Ave + Fayette St.</u>			

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CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

H-545

50 9507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9507

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

ANTHONY JOSEPH HEINLEIN

11-5-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Joseph's Hospital

Baltimore 27-34

C. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
6231 Fairdel Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days 11. Under 24 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/20/50, 19__, to 11/5/50, 19__, that I last saw the deceased alive on 11/5/50, 19__, and that death occurred at 11:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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MEDICAL CERTIFICATION

1907

1907

RECEIVED
STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF EDUCATION

1907

1907



S-1400 9508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9508

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>August Clemence Shipley</i>		2. DATE OF DEATH <i>Nov. 4-1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2908 glendale Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-07</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2908 glendale Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 14-1892</i>
9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____	12. CITIZEN OF WHAT COUNTRY? _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Cleaning + Dyeing Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME <i>John Thomas Shipley</i>		14. MOTHER'S MAIDEN NAME <i>Malley Paul</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mrs. Mary Shipley</i>		ADDRESS <i>2908 glendale</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hour</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) _____ DUE TO _____ (C) _____	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19 <i>45</i> to <i>11-4-</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>10-2-</i> , 19 <i>50</i> , and that death occurred at <i>5:30 AM.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>C. M. Peake</i>		23B. ADDRESS <i>4508 Harford Rd</i>	
23C. DATE SIGNED <i>11-4-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/8/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Catholic</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR _____		REGISTRAR'S SIGNATURE _____	
25. FUNERAL DIRECTOR <i>L. J. Luck</i>		ADDRESS <i>5305 Harford Rd</i>	

MEDICAL CERTIFICATION

3008

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2-620
50 9509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9509

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Wilber Joseph Dorsey</i>		<i>Nov. 4-1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3104 Louise Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-05</i>	
5. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3104 Louise Ave.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 28-1888</i>
9. AGE (in years last birthday) <i>62</i>	10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work endured during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Warehouse</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John F. Dorsey</i>		14. MOTHER'S MAIDEN NAME <i>Madeline Brushmiller</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>215-03-9382</i>	
17. INFORMANT <i>Mrs. Elsie Dorsey</i>		ADDRESS <i>3104 Louise</i>	
18. <i>444X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Hypertension, Arterial</i> DUE TO <i>(B)</i> DUE TO <i>(C)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Maryland</i> , 1950 to <i>11-4-</i> , 1950, that I last saw the deceased alive on <i>11-3-</i> , 1950, and that death occurred at <i>3:30 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>L. W. Blake</i>		23B. ADDRESS <i>4528 Hayford Road</i>	23C. DATE SIGNED <i>11-4-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-7-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>L. W. Blake</i>	25. FUNERAL DIRECTOR <i>L. W. Blake</i>	ADDRESS <i>5305 Hayford Rd</i>

MEDICAL CERTIFICATION

1000

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EXHIBIT OF THE NATIONAL ARCHIVES

1000

Dr. Peake

S-350 9510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9510
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret E. Schuette

2. DATE
OF
DEATH

Nov. 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2912 White Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 7, 1915

9. AGE (in years,
last birthday)

34

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk N. A. & Co. DEPT. STORE

10B. KIND OF BUSINESS OR
INDUSTRY

DEPT. STORE

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry H. Schuette

14. MOTHER'S MAIDEN NAME

Margaret E. Mc Cluskey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sister

18. 223X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Diaphragmatic Paralysis

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Neurofibroma of 2 + 3rd
cervical Nerve Roots.

4 1/2 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan 1950

19B. MAJOR FINDINGS OF OPERATION

Neurofibroma of 2 + 3rd cervical Nerve Roots

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from ~~April~~ Nov 2, 1946 to Nov 2, 1950, that I last saw the
deceased alive on Nov 2, 1950, and that death occurred at 5P. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Breunan

M. D.

23B. ADDRESS

5217 Harford Road

23C. DATE SIGNED

11-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/6/50

24C. NAME OF GEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. J. Kuck, 5205 Harford Rd.

NOV 8-1950

390 6C

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THE JOURNAL OF THE
NATIONAL ASSOCIATION OF
CRIMINAL JUSTICE

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WALKER

H-245

50 9511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9511
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles W Huegelmeier

2. DATE
OF
DEATH

Nov. 3, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5213 Alhambra Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-10

d. STREET ADDRESS (If rural, give location)

5213 Alhambra Ave

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

212-09-9752

Mrs Esther Huegelmeier-Alhambra Ave

18. 260X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes Mellitus

4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☒

23c. DATE SIGNED

Nov. 4, 1950

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

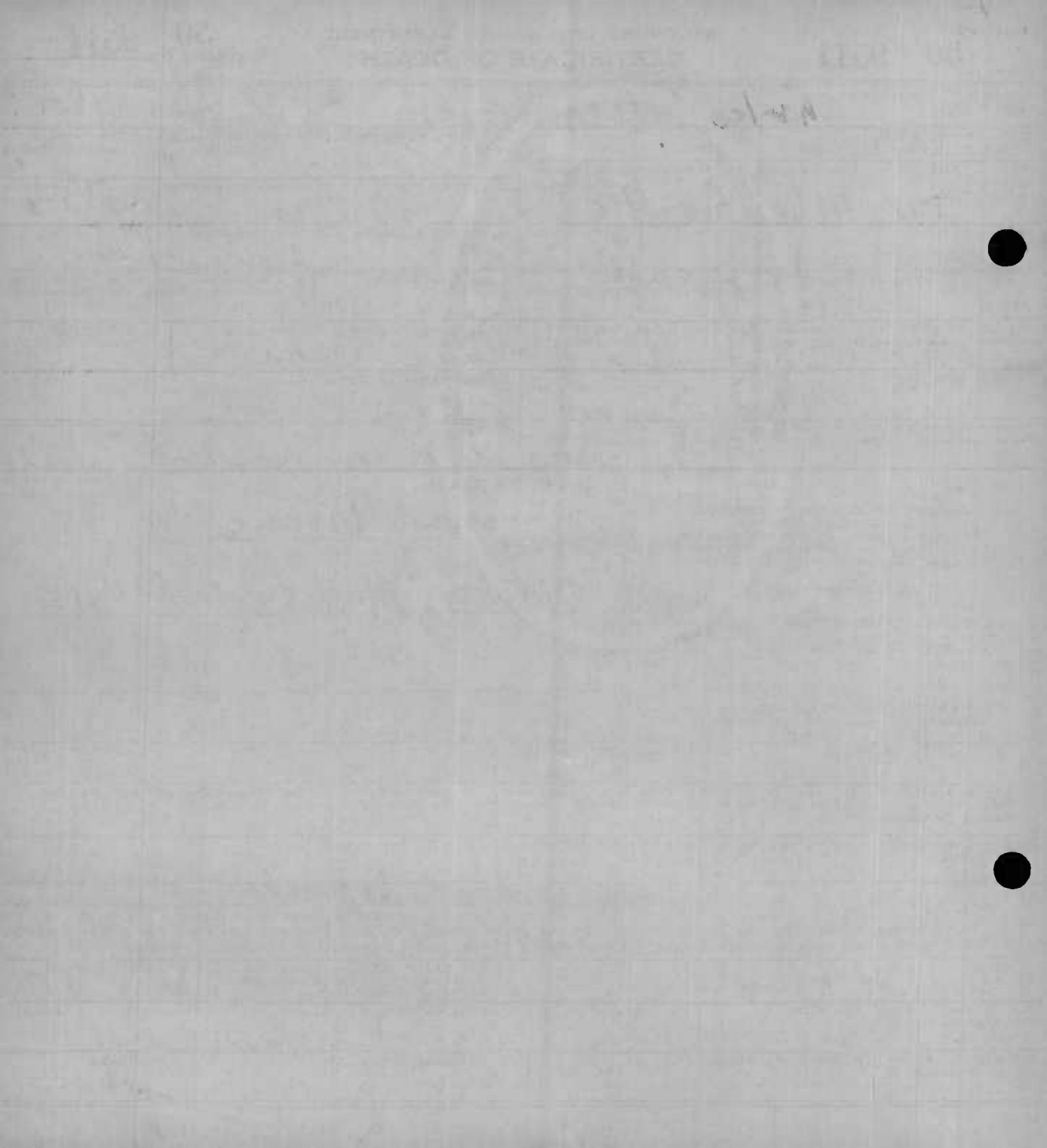
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V6-1950



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BALTIMORE CITY HEALTH DEPARTMENT				50 9514	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 50-25884		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Milton Francis		November 6, 1950	
		Baby Boy Kougl Jr.			
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN			
St. Joseph's Hospital		Baltimore-5			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
3 da.		825 N. Streeper Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	White	Single	Nov. 3, 1950		3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Infant				Baltimore, Maryland	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Milton Francis Kougl			Margaret Louise Horan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Milton F. Kougl, father, above	
18. 762.0 I		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Atelectasis			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
0					
20. AUTOPSY?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 11/3/1950, to 11/6/1950, that I last saw the deceased alive on 11/6/1950, and that death occurred at 9:00 A. M. from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Frank W. Baker Jr.		1400 N. Caroline Street		11/6/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 7, 1950		Oak Hill Cem.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS			
Horner's Lane, Balto. Md.		Schimine's Funeral Home, Inc.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		2601 3-5 E. Madison St.	
NOV 7 - 1950		W. H. Williams, M.D.			

300
0 9515BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9515

1. NAME OF DECEASED (Type or Print) Agnes R. Keith		2. DATE OF DEATH Nov. 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 2800 Winchester St.		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
6. LENGTH OF stay in Baltimore 76- Yrs. Mcs. Days		D. STREET ADDRESS (If rural, give location) 2800 Winchester St.,	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/1/1874
9. AGE (In years last birthday) 76		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Dr. William B. Hawkins		14. MOTHER'S MAIDEN NAME Alice Barnsley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Ruth P. Schwab		ADDRESS 2800 Winchester St.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Wm. H. Kammer, Jr.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 5, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-1950	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1950		REGISTRAR'S SIGNATURE Wm. H. Kammer, Jr.	
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	

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RECEIVED
JAN 11 1964

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9516BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9516
Registered No.

1. NAME OF DECEASED (Type or Print) SALLY WARFIELD BUCK		2. DATE OF DEATH Nov. 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Charles & 32nd. Sts.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF (If not in hospital or institution, give street address or location) at Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
C. Length of stay in Baltimore 50 years		D. STREET ADDRESS (If rural, give location) Charles & 32nd. Streets	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March-3-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 68-8-2
11. BIRTHPLACE (State or foreign country) Howard County, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Gustavus Warfield		14. MOTHER'S MAIDEN NAME Ella G. Hoffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Frank G. Evans (sister)		ADDRESS Baltimore, Md.	
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemiplegia, left DUE TO Arteriosclerosis, generalized DUE TO Carcinoma of cervix uteri		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs. 7 10 yrs. 2 1/2 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb , 1947, to Nov , 1950, that I last saw the deceased alive on Nov. 5 , 1950, and that death occurred at 7:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas F. Klemm		23B. ADDRESS 1101 St. Paul St., Balto-2/11/6/50	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov-7-1950	
24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Avenue.		ADDRESS	

MEDICAL CERTIFICATION

NOV 7-1950

VS 150

City #1.

0480

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9517
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Lloyd T. Gaither</u>		2. DATE OF DEATH <u>11-5-50</u>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Baltimore City Hospital (DOA)</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1813 Edmondson Ave.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1920</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musician</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) Months: Days: Hours: Min. <u>30</u>
13. FATHER'S NAME <u>Lloyd Gaither Sr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
17. INFORMANT <u>M's Mamie Gaither</u>		ADDRESS <u>1813 Edmondson A</u>	

18. <u>E816.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Crushed Chest</u> DUE TO (B) <u>Skull Fracture</u> DUE TO (C) <u>Multiple Contusions and Abrasions</u> INTERVAL BETWEEN ONSET AND DEATH _____
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19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Baltimore Co., Md. Route 40, 200' west of 66th Street</u>	
21D. TIME (Month) (Day) (Year) (Hour) _____ <u>November 5, 1950 9:08 A. m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Deceased was driver of auto which collided into parked car</u>	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William V. Smith</u>		23B. CHIEF MEDICAL EXAMINER _____ ASSISTANT MEDICAL EXAMINER _____ MEDICAL INVESTIGATOR _____		23C. DATE SIGNED <u>11-8-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-8-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Western Star Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Catonsville, Md.</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Western Star Cem.</u>		24F. LOCATION (City, town, or county) (State) <u>Catonsville, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>William V. Smith</u>		25. FUNERAL DIRECTOR <u>Matthias A. Hendley</u>	
ADDRESS <u>578 W. Biddle St.</u>					

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>		<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. DATE OF DEATH</p>		<p>10. TIME OF DEATH</p>		<p>11. SIGNATURE OF PHYSICIAN</p>		<p>12. SIGNATURE OF REGISTRAR</p>	
<p>13. SIGNATURE OF WITNESS</p>		<p>14. SIGNATURE OF WITNESS</p>		<p>15. SIGNATURE OF WITNESS</p>		<p>16. SIGNATURE OF WITNESS</p>	
<p>17. SIGNATURE OF WITNESS</p>		<p>18. SIGNATURE OF WITNESS</p>		<p>19. SIGNATURE OF WITNESS</p>		<p>20. SIGNATURE OF WITNESS</p>	
<p>21. SIGNATURE OF WITNESS</p>		<p>22. SIGNATURE OF WITNESS</p>		<p>23. SIGNATURE OF WITNESS</p>		<p>24. SIGNATURE OF WITNESS</p>	
<p>25. SIGNATURE OF WITNESS</p>		<p>26. SIGNATURE OF WITNESS</p>		<p>27. SIGNATURE OF WITNESS</p>		<p>28. SIGNATURE OF WITNESS</p>	
<p>29. SIGNATURE OF WITNESS</p>		<p>30. SIGNATURE OF WITNESS</p>		<p>31. SIGNATURE OF WITNESS</p>		<p>32. SIGNATURE OF WITNESS</p>	
<p>33. SIGNATURE OF WITNESS</p>		<p>34. SIGNATURE OF WITNESS</p>		<p>35. SIGNATURE OF WITNESS</p>		<p>36. SIGNATURE OF WITNESS</p>	
<p>37. SIGNATURE OF WITNESS</p>		<p>38. SIGNATURE OF WITNESS</p>		<p>39. SIGNATURE OF WITNESS</p>		<p>40. SIGNATURE OF WITNESS</p>	
<p>41. SIGNATURE OF WITNESS</p>		<p>42. SIGNATURE OF WITNESS</p>		<p>43. SIGNATURE OF WITNESS</p>		<p>44. SIGNATURE OF WITNESS</p>	
<p>45. SIGNATURE OF WITNESS</p>		<p>46. SIGNATURE OF WITNESS</p>		<p>47. SIGNATURE OF WITNESS</p>		<p>48. SIGNATURE OF WITNESS</p>	
<p>49. SIGNATURE OF WITNESS</p>		<p>50. SIGNATURE OF WITNESS</p>		<p>51. SIGNATURE OF WITNESS</p>		<p>52. SIGNATURE OF WITNESS</p>	
<p>53. SIGNATURE OF WITNESS</p>		<p>54. SIGNATURE OF WITNESS</p>		<p>55. SIGNATURE OF WITNESS</p>		<p>56. SIGNATURE OF WITNESS</p>	
<p>57. SIGNATURE OF WITNESS</p>		<p>58. SIGNATURE OF WITNESS</p>		<p>59. SIGNATURE OF WITNESS</p>		<p>60. SIGNATURE OF WITNESS</p>	
<p>61. SIGNATURE OF WITNESS</p>		<p>62. SIGNATURE OF WITNESS</p>		<p>63. SIGNATURE OF WITNESS</p>		<p>64. SIGNATURE OF WITNESS</p>	
<p>65. SIGNATURE OF WITNESS</p>		<p>66. SIGNATURE OF WITNESS</p>		<p>67. SIGNATURE OF WITNESS</p>		<p>68. SIGNATURE OF WITNESS</p>	
<p>69. SIGNATURE OF WITNESS</p>		<p>70. SIGNATURE OF WITNESS</p>		<p>71. SIGNATURE OF WITNESS</p>		<p>72. SIGNATURE OF WITNESS</p>	
<p>73. SIGNATURE OF WITNESS</p>		<p>74. SIGNATURE OF WITNESS</p>		<p>75. SIGNATURE OF WITNESS</p>		<p>76. SIGNATURE OF WITNESS</p>	
<p>77. SIGNATURE OF WITNESS</p>		<p>78. SIGNATURE OF WITNESS</p>		<p>79. SIGNATURE OF WITNESS</p>		<p>80. SIGNATURE OF WITNESS</p>	
<p>81. SIGNATURE OF WITNESS</p>		<p>82. SIGNATURE OF WITNESS</p>		<p>83. SIGNATURE OF WITNESS</p>		<p>84. SIGNATURE OF WITNESS</p>	
<p>85. SIGNATURE OF WITNESS</p>		<p>86. SIGNATURE OF WITNESS</p>		<p>87. SIGNATURE OF WITNESS</p>		<p>88. SIGNATURE OF WITNESS</p>	
<p>89. SIGNATURE OF WITNESS</p>		<p>90. SIGNATURE OF WITNESS</p>		<p>91. SIGNATURE OF WITNESS</p>		<p>92. SIGNATURE OF WITNESS</p>	
<p>93. SIGNATURE OF WITNESS</p>		<p>94. SIGNATURE OF WITNESS</p>		<p>95. SIGNATURE OF WITNESS</p>		<p>96. SIGNATURE OF WITNESS</p>	
<p>97. SIGNATURE OF WITNESS</p>		<p>98. SIGNATURE OF WITNESS</p>		<p>99. SIGNATURE OF WITNESS</p>		<p>100. SIGNATURE OF WITNESS</p>	

200
50 9518BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9518
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Randolph Cook (Randolph Cook)2. DATE
OF
DEATH

11-4-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

1011 N. Calhoun St

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1011 N. Calhoun St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 28, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Cook

14. MOTHER'S MAIDEN NAME

Alberta Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Cook 1011 N. Calhoun St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intracerebral Hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Garrett

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11-5-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-8-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Francis Hendley 573 W. Biddle St.

SEATTLE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME

PLACE

SIGNATURE OF DECEASED

SIGNATURE OF WITNESS

SIGNATURE OF PHYSICIAN

SIGNATURE OF CORONER

SIGNATURE OF JURY

SIGNATURE OF JUDGE

SIGNATURE OF CLERK

SIGNATURE OF NOTARY

SIGNATURE OF SHERIFF

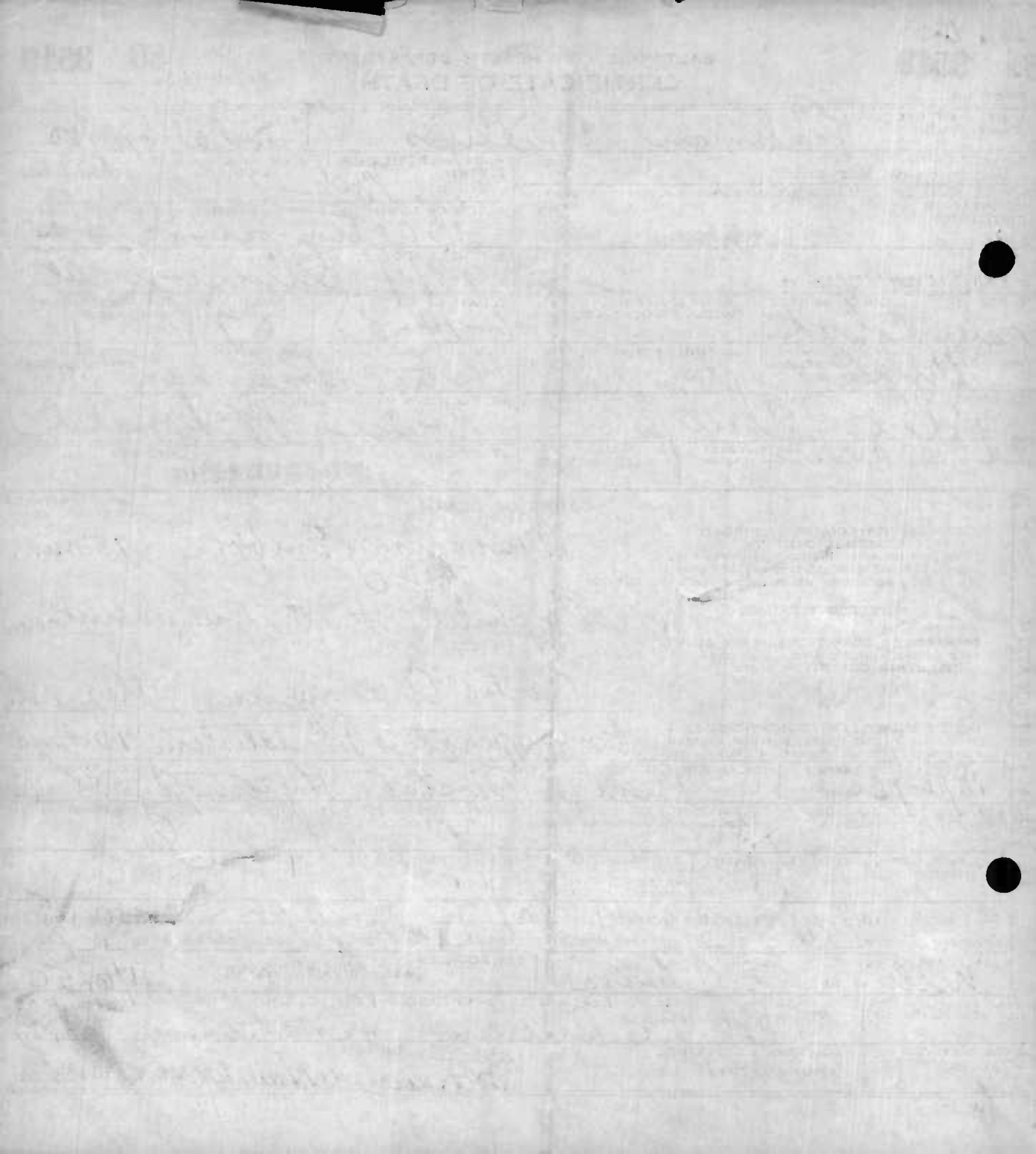
SIGNATURE OF DEPUTY SHERIFF

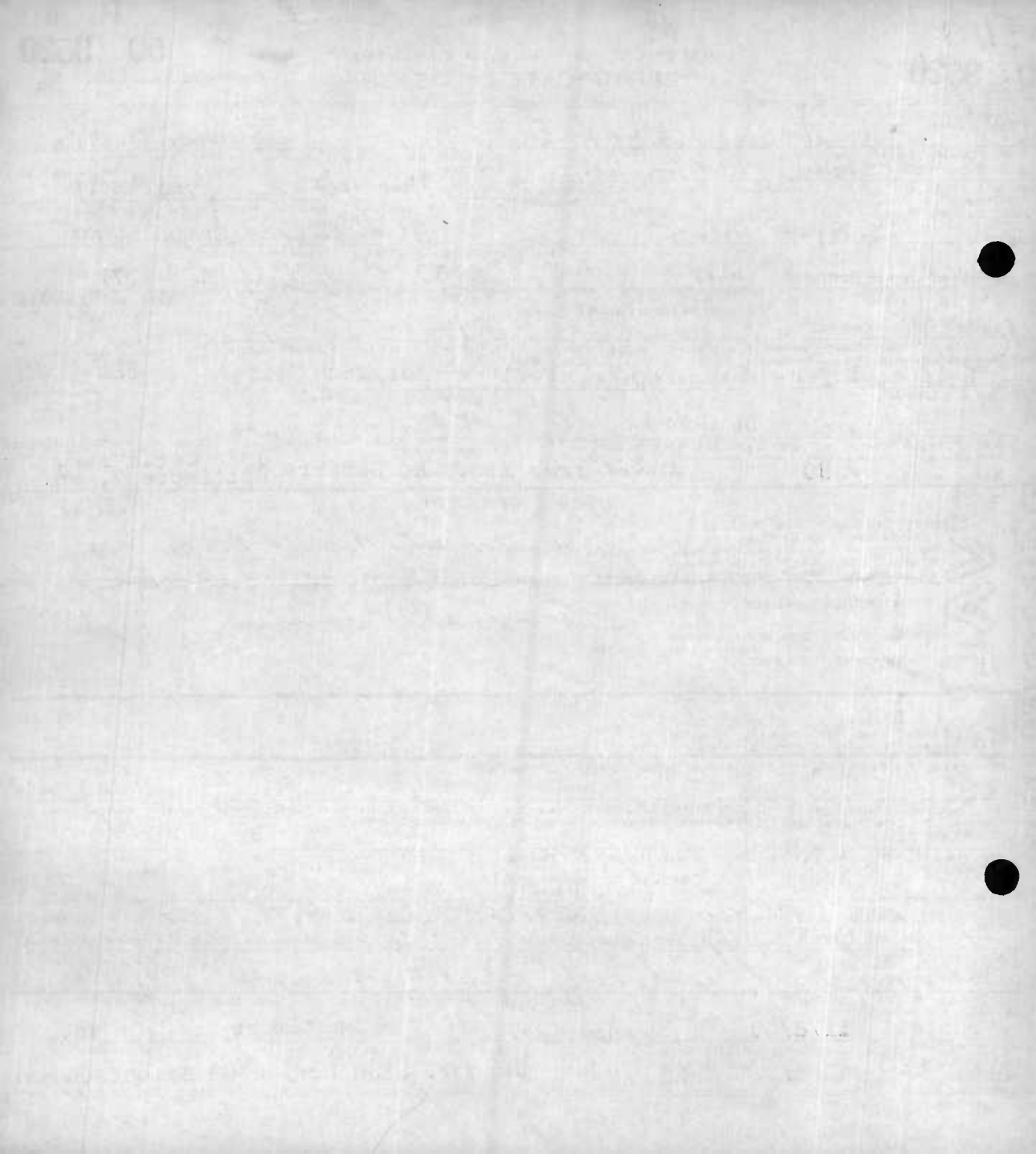
412
50 9519BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9519
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Phileman Phillips</i>		2. DATE OF DEATH <i>Nov. 6, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JONES HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1819 Division St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6-14-83</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Miller</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>SPICER (M)</i>		11. BIRTHPLACE (State or foreign country) <i>Central America</i>	
13. FATHER'S NAME <i>Robert Phillips</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JONES HOPKINS HOSPITAL</i>	

18. <i>022X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Pulmonary Emboli</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>15 min.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Syphilitic Heart Disease</i> DUE TO <i>+</i>		<i>Unknown</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Aortic Aneurysm</i> <i>Post-operative Prostatectomy</i>		<i>Unknown</i> <i>12 days</i>	
19A. DATE OF OPERATION <i>10/20/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Benign Prostatic Hypertrophy</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/17</i> , 19 <i>50</i> , to <i>11/6</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11/6</i> , 19 <i>50</i> , and that death occurred at <i>8:30 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William E. Chase, M.D.</i>		23B. ADDRESS <i>JONES HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/6/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>NOV 10 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1950</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
VS 150		55547		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Frances A. Kewsey 378 W. Biddle St.</i>	

030E





500
53 9521
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9521
Registered No.

1. NAME OF DECEASED (Type or Print)		LOUIS KAHN		2. DATE OF DEATH Nov. 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Temple Garden Apartments Cloverdale Rd.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Cloverdale Rd.	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) Ap't. 202 A Temple Gardens	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 87	9. AGE (In years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY	
13. FATHER'S NAME Not Known				14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT HENRY KAHN - 5114 LEVINDALE RD	

18. E978X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures of chest and pelvis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS INJURY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Son's Apartment		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 7th floor Temple Garden Apartments, Cloverdale Rd.	
21D. TIME (Month) (Day) (Year) (Hour) INJURY Nov. 5, 1950 between 6 & 6:15 pm.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Jumped from 7th story window	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 7, 1950		24C. NAME OF CEMETERY OR CREMATORY Chel Shalom	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl.		ADDRESS	

NOV 7 - 1950
V S 151
N 808.0

1642

425
50 9522BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9522

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lennie Wilson

2. DATE
OF
DEATH

11-4-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

501 Richwood Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

501 Richwood Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb 4, 1883

9. AGE (In years
last birthday)

67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Pearson

14. MOTHER'S MAIDEN NAME

Julia E. Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs W^m Pearson

ADDRESS

315 Warren Ave

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degeneration

INTERVAL BETWEEN
ONSET AND DEATH

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Secondary Anemia

3 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 - 1949, to Nov. 4 - 1950, that I last saw the
deceased alive on Nov. 8 - 1950, and that death occurred at 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Hermann

M. D.

23B. ADDRESS

1710 E 33rd St.

23C. DATE SIGNED

Nov. 5 - 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-7-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

E. End North Ave Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

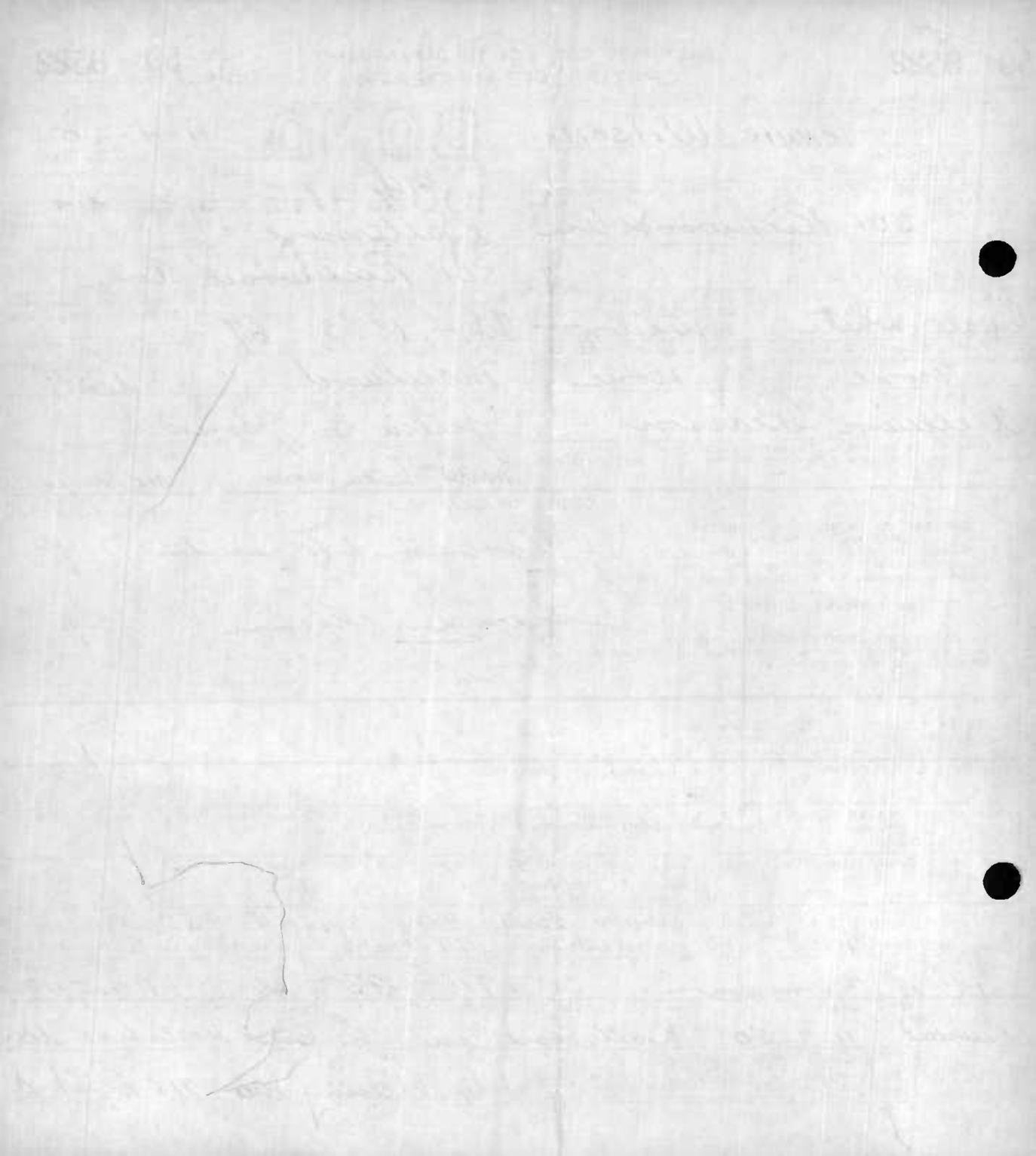
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John Fleming, Inc.

ADDRESS

715 Light St.



352
50 9523BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9523
Registered No.1. NAME OF DECEASED
(Type or Print)

PLACIDA CESATI ADAMS

2. DATE
OF
DEATH

Nov. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

11 Middleton Court

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Angelo Cesati

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

--

8. DATE OF BIRTH

Oct. 20, 1856

9. AGE (In years
last birthday) Months Days Hours Min.

94

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Susan Tout

17. INFORMANT

ADDRESS

Mr. Earl W. Adams 11 Middleton Ct.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac decompensation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

General atherosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

5 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1950, to Nov 5, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/7/50

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1950

Washington, Williams, Md.

2 Km. J. Lickner & Sons - Balto

8508 00

8508 00

Nov. 8, 1959

Nov. 8, 1959

Nov. 8, 1959

Nov. 8, 1959

Nov. 8, 1959

Nov. 8, 1959

Nov. 8, 1959

Nov. 8, 1959

165
50 9524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9524
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) O'Brien, Mrs. ANNA Barbara		2. DATE OF DEATH Nov. 6, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16	
c. Length of stay in Baltimore 69 years		d. STREET ADDRESS (If rural, give location) 3203 Belmont Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 16, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Jahnigen		14. MOTHER'S MAIDEN NAME Maria Schrieber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mr. Harry O'Brien - 3203 Belmont Ave.		ADDRESS	

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive-Vascular Disease DUE TO Several years.		CAUSE OF DEATH Cerebral Hemorrhage 5 days Several years.	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/5, 1950 to 11/6, 1950 , that I last saw the deceased alive on 11/6, 1950 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. Reed Carroll		23b. ADDRESS Church Home & Hospital	
23c. DATE SIGNED 11/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/50	
24c. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24d. LOCATION (City, town, or county) (State) Woodlawn, Md.	
25. FUNERAL DIRECTOR Wm. J. Pickens & Son		ADDRESS	

MEDICAL CERTIFICATION

083a

1954

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION & WELFARE
BUREAU OF VITAL STATISTICS
FEDERAL BUREAU OF INVESTIGATION
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF JUSTICE

7

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Occupation	
Cause of Death		Manner of Death	
Place of Death		Date of Burial	
Signature of Informant		Signature of Registrar	
Date of Report		Date of Filing	

550

50 9525

BIRTH NO.

9525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 9525

Registered No.

1. NAME OF DECEASED (Type or Print)

MRS. DORAC. BOWMAN

2. DATE OF DEATH

11/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. UNDER 1 Year

11. UNDER 24 Hours

12. UNDER 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

19. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.)

20. INTERVAL BETWEEN ONSET AND DEATH

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

22. I hereby certify that I attended the deceased from 10/10/50, 1950, to 11/5, 1950, that I last saw the deceased alive on 11/5, 1950, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

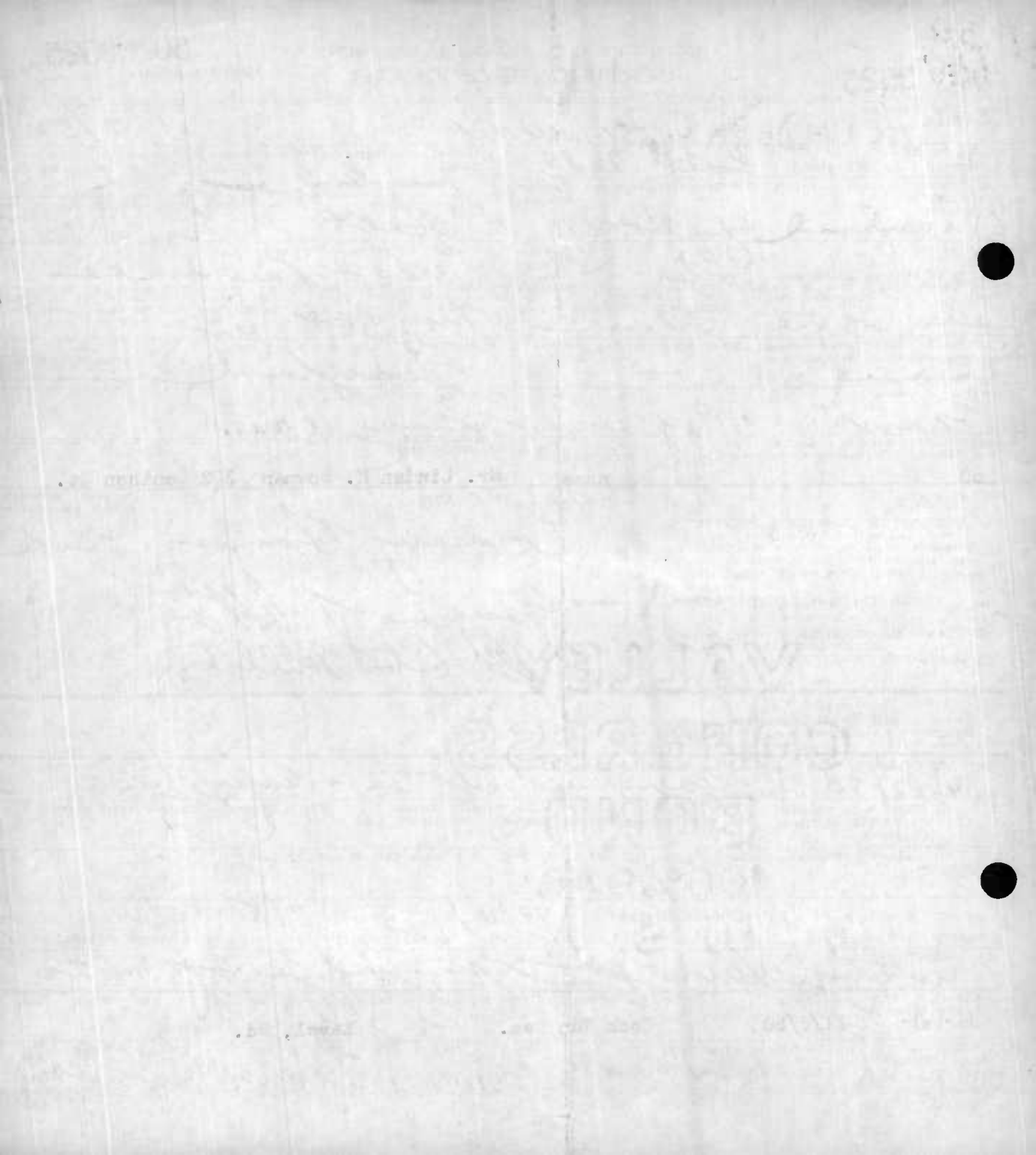
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 7 - 1950

VS 150



530
9526

Schmidt
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9526
Registered No.

1. NAME OF DECEASED (Type or Print) <i>George E Schmidt</i>		2. DATE OF DEATH <i>Nov 4 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Seaside</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Seaside Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Linthicum</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Heath St 5200</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 26 1921</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sheet Metal</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>SHEET METAL (M)</i>	9. AGE (in years last birthday) <i>29</i>
13. FATHER'S NAME <i>John Schmidt</i>		11. BIRTHPLACE (State or foreign country) <i>Balt</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Maria Winstead</i>	
17. INFORMANT <i>Mr. Mary Schmidt Heath</i>		ADDRESS	
18. 193X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral decompensation due to BRAIN TUMOR ANTECEDENT CAUSES <i>Medulloblastoma of cerebellum</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Branchopneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>(over)</i>
19A. DATE OF OPERATION <i>11/3</i>		19B. MAJOR FINDINGS OF OPERATION <i>Brain tumor, malignant</i>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Admission 9/31 1950</i> , to <i>11/4 1950</i> , that I last saw the deceased alive on <i>11/4 1950</i> , and that death occurred at <i>8:05</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Alan B. Abney</i>		23B. ADDRESS <i>Seaside Hospital</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 7/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balt</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1950</i>		25. FUNERAL DIRECTOR <i>Will. J. L. Funeral Home 2004 C. Cal</i>	

MEDICAL CERTIFICATION

Was this a malignant tumor
of the brain? If so, was this
the primary site? If secondary,
please specify the probable primary
site of tumor.

See Document File 50-9526

11-27-50

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9527
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CLARENCE W. FLETCHER			2. DATE OF DEATH Nov. 6, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Volunteers of America Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baeto - 11		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3349 Falls Road		
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 26, 1902		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist - Lake Superior - Lagenby		10B. KIND OF BUSINESS OR INDUSTRY TEXTILE MACH. (M)	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Robert B. Fletcher			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT John Landers, 3349 Falls Road		

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Bronchial Asthma DUE TO (C) Pulmonary fibrosis	INTERVAL BETWEEN ONSET AND DEATH 72 Hours years years
--	--	---	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

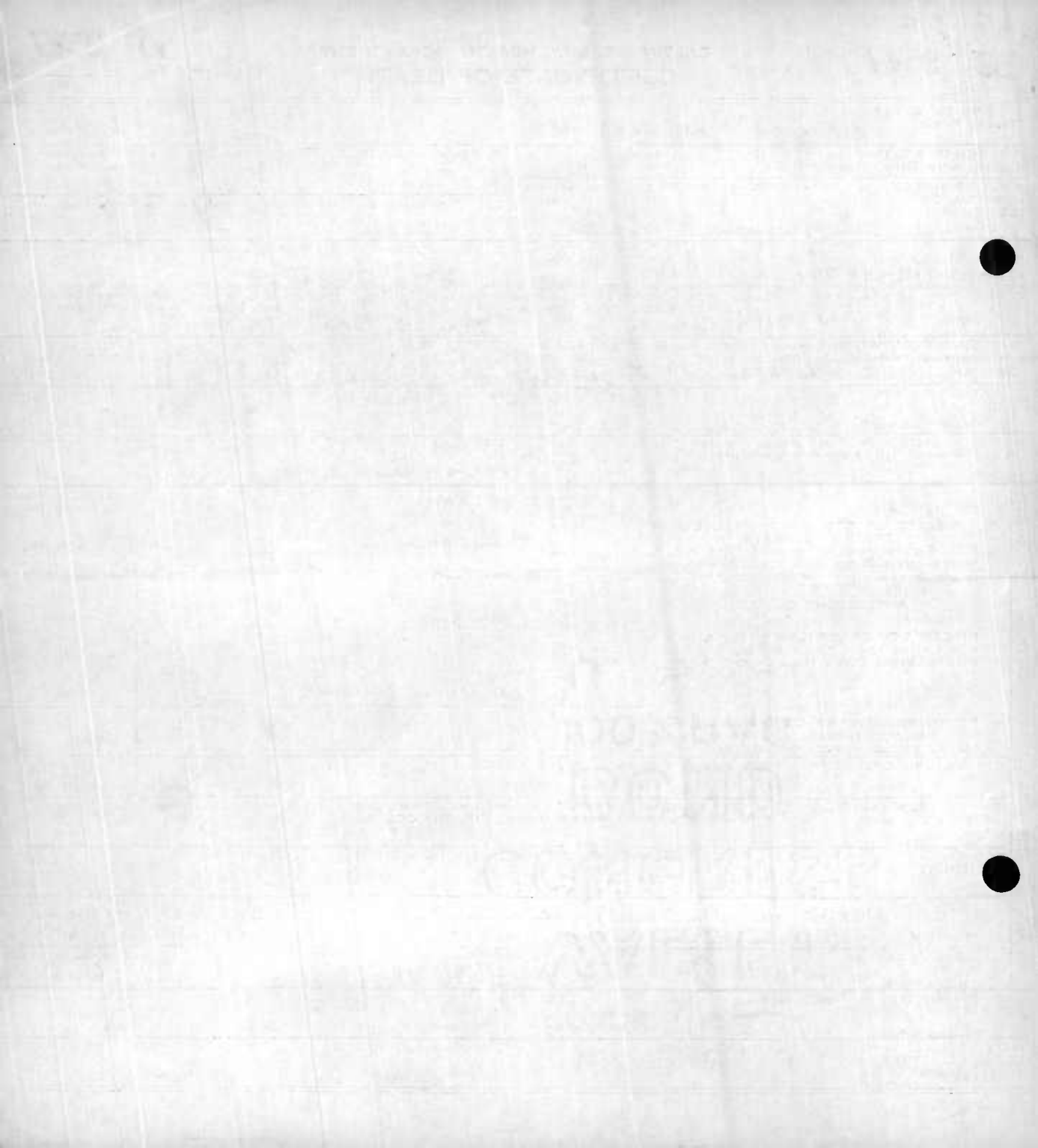
22. I hereby certify that I attended the deceased from **Nov. 4**, 19**50**, to **Nov. 6**, 19**50**, that I last saw the deceased alive on **Nov. 4**, 19**50**, and that death occurred at **6:12 a** m., from the causes and on the date stated above.

23A. SIGNATURE Frederick Gage		23B. ADDRESS 3101 W. Balto. St		23C. DATE SIGNED 11-6-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/9/50		24C. NAME OF CEMETERY OR CREMATORY Meadow Edge	
24D. LOCATION (City, town, or county) (State) Dorsey Md.		25. FUNERAL DIRECTOR St. M. Cook, Inc., 1217 St. Paul St			
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1950		REGISTRAR'S SIGNATURE Frederick Gage			

5443L

107.0

MEDICAL CERTIFICATION



452
50 9528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9528

Registered No. *Nov.*

1. NAME OF DECEASED (Type or Print) <i>Hartwell Morgan Williams</i>		2. DATE OF DEATH <i>10-6-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>6-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>2606 Orleans St #24</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-3-1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fireman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shipyard</i>	9. AGE (in years last birthday) <i>58</i>
13. FATHER'S NAME <i>James H. Williams</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>W. W. #1</i>		14. MOTHER'S MAIDEN NAME <i>Mary M. Muir</i>	
17. INFORMANT <i>Ada S Williams</i>		ADDRESS <i>as above</i>	

18. <i>180X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Generalized metastases (lung)</i>		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>known 9-17-50</i>
(A) DUE TO		
(B) DUE TO <i>Left renal carcinoma</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes mellitus</i>		

19A. DATE OF OPERATION <i>9-10-50</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *9-10-50*, 19*50*, to *9-28-10-2-10-6*, 19*50* that I last saw the deceased alive on *10-6*, 19*50*, and that death occurred at *2100* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Marguerite Lorraine Cadley</i>	23B. ADDRESS <i>Maryland Gen Hosp</i>	23C. DATE SIGNED <i>10-6-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/9/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>
24D. LOCATION (City, town, or county) (State) <i>Balt. Co. Md.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>

VS 150
Note First admission 9-10-50 - 9-28-50
Final 76230 11-2-50 - 11-6-50 *05ra*

543
50 9529
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9529
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Laurena Hamilton</i>		2. DATE OF DEATH <i>Nov 4th 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) A. STATE <i>Md</i> B. COUNTY <i>69</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4506 SORRENTO Rd</i> <i>Colonial Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 10-05</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2115 Wilkens Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8/15/1887</i>
9. AGE (In years last birthday) <i>63</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Lehman Bros Co</i>	
11. BIRTHPLACE (State or foreign country) <i>Sykesville Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Browning</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Thompson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-24-4608</i>	
17. INFORMANT <i>Ruth E. Mac Kenzie</i>		ADDRESS <i>24496 Kentucky Rd.</i>	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) <i>Central accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>56h</i>	
ANTECEDENT CAUSES		(B) <i>Hypertension</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-18-50</i> , 19 <i>50</i> , to <i>11-4-50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>10-12</i> , 19 <i>50</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harry S. Gumbel</i>		23B. ADDRESS <i>2203 Edmonds</i>	
23C. DATE SIGNED <i>11-5-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-7-50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm Bork Inc.</i>	
25. FUNERAL DIRECTOR ADDRESS <i>1217 St. Paul St.</i>			

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100
100

100

100 100 100

100 100 100

100 100 100

200
50 9530
BIRTH NO.

Royce
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9530
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Fred Royce</i>		2. DATE OF DEATH <i>10/31/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>11-02</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mary Harp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>900 Cathedral St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 2, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Worker-unemployed - B. & O.</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>77</i>
11. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Fred L. Royce</i>		14. MOTHER'S MAIDEN NAME <i>Laura Davis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>218-06-7873</i>	
17. INFORMANT <i>Morgan Royce, 204 Ready St., Louisville, Ky.</i>		ADDRESS	

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Failure</i> DUE TO <i>Generalized Arteriosclerosis</i> DUE TO <i>Arteriosclerosis</i>	19. CAUSE OF DEATH <i>Cardiac Failure</i> <i>Generalized Arteriosclerosis</i> <i>Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>20+ years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10/23, 1950</i> to <i>10/31, 1950</i> ; that I last saw the deceased alive on <i>10/31, 1950</i> and that death occurred at <i>10:10 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>C. Richard Frank</i>	23B. ADDRESS <i>Mary Harp</i>	23C. DATE SIGNED <i>10/31/50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>	24B. DATE <i>Nov. 8, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREENMOUNT</i>
24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, Md.</i>		25. FUNERAL DIRECTOR <i>William Cook, Jr.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1950</i>		ADDRESS <i>1217 ST. PAUL ST.</i>

1050

OFFICE OF THE ATTORNEY GENERAL

1050



600

BURR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 9531

Registered No.

50 9531

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. FRANCIS W. BURR

2. DATE OF DEATH

11-5-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

119 Edgewood Rd. Baltimore

Towson - Estates - 4

119 Edgewood Road 5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 26, 1883

9. AGE (In years last birthday)

67

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Business Mgr.

10B. KIND OF BUSINESS OR INDUSTRY

La Motte Chemical Co (M)

11. BIRTHPLACE (State or foreign country)

D. S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ALBERT V.

14. MOTHER'S MAIDEN NAME

Mary Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

119 Edgewood Rd

Mrs. Margaret La M. Burr Towson, Md.

18. 451X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Ruptured Abdominal Aorta

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aneurysm

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-9-50

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-50, 19, to 11-5-50, 19, that I last saw the deceased alive on 11-5-50, 19, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John B. Brown

Anna, Harp.

11-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

cremation

11-9-50

Green Mount

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1950

Washington Williams, M.D.

John O. Mitchell

Ans 1900 Estate Place

VS 150

2904R

96

MEDICAL CERTIFICATION

Was this aortic aneurysm arteriosclerotic
or syphilitic in origin?

See Document File 50-9531

11-14-50

ES

520

0 9532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9532

1. NAME OF DECEASED (Type or Print) <i>Catherine F. Hoening</i>		2. DATE OF DEATH <i>Nov. 6 - 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-05</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3139 Northway Drive</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write FULL and give township)	
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>3139 Northway Drive</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 9 - 1882</i>
9. AGE (in years, last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Henry J. Hoek</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Bourrier</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. J. Bernard Hoening</i>		ADDRESS <i>3139 Northway Dr.</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Cardio-Vascular disease</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Aug 1949</i> to <i>Nov. 6, 1950</i> , that I last saw the deceased alive on <i>Nov. 4, 1950</i> , and that death occurred at <i>6 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J. B. Hoening</i>		23B. ADDRESS <i>3400 Endicott Ave</i>	
23C. DATE SIGNED <i>11/6/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/9/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) <i>Dale Md</i>	
25. REGISTRAR'S SIGNATURE <i>William H. Williams, Jr.</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>L. J. Luck 5305 Hayford Rd</i>	

MEDICAL CERTIFICATION

St. Steven
Edwin & Edwin

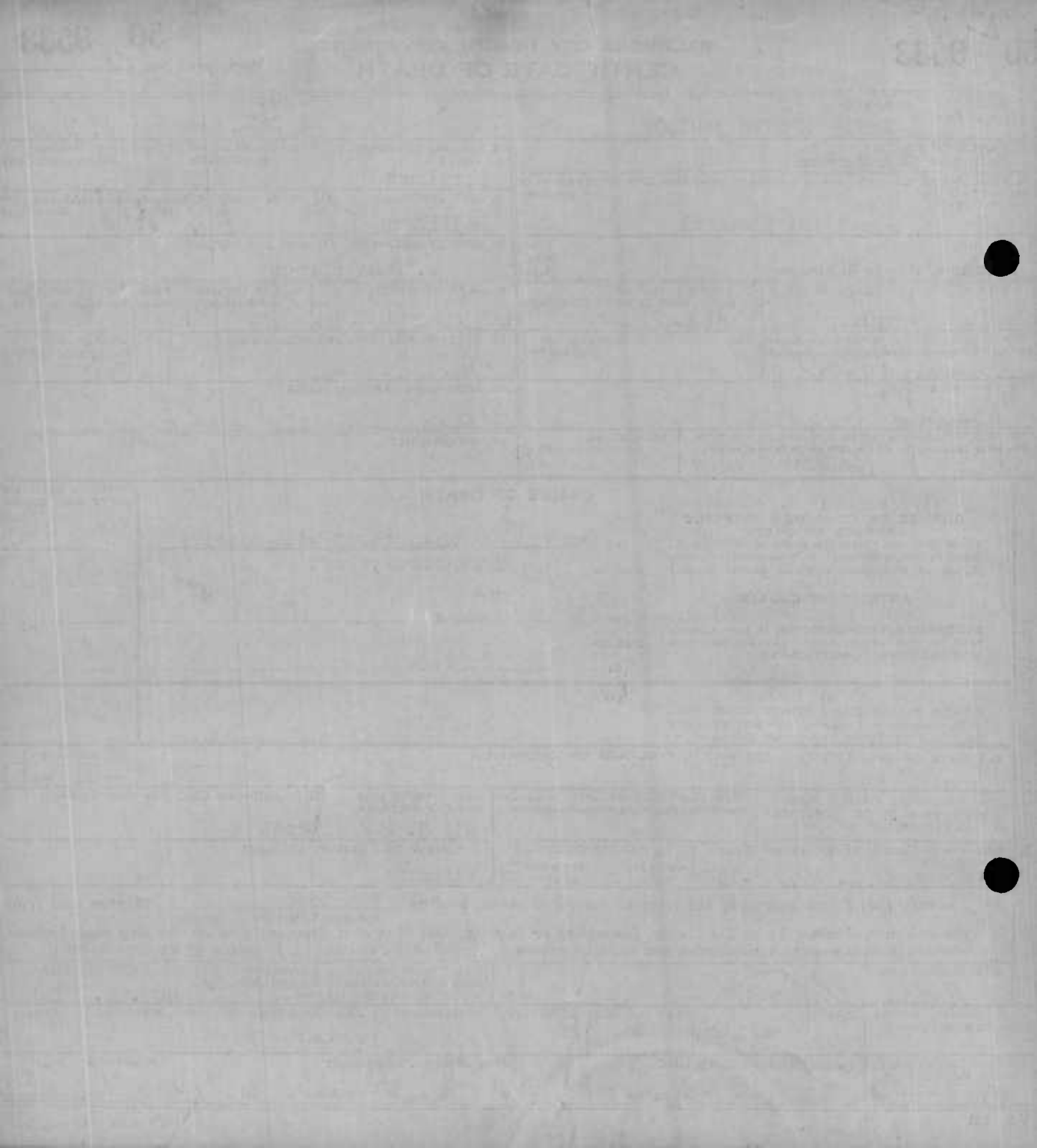
250
50 9533BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9533
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES CHESTER JACKSON			2. DATE OF DEATH November 4, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 613 N. Paca Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1905	9. AGE (In years last birthday) 45	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Henry Jackson			14. MOTHER'S MAIDEN NAME Virginia Robinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes 1942-1945			16. SOCIAL SECURITY NO.		
17. INFORMANT W. W. Washington			ADDRESS		

18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of chest with massive hemothorax, left	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	DUE TO (A) (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 613 N. Paca Street	
21D. TIME (Month) (Day) (Year) (Hour) INJURY November 4, 1950 5.15 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William C. [Signature]		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 4, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Nov 7th 1950		24B. DATE Nov 7th 1950		24C. NAME OF CEMETERY OR CREMATORY Wash. D.C.	
24D. LOCATION (City, town, or county) (State) Wash. D.C.		25. FUNERAL DIRECTOR W. Ernest Jarvis Co. 1432 Yoo St		ADDRESS W. W. Washington	



-600
50 9534BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9534

1. NAME OF DECEASED (Type or Print) Banks Beatrice Ware		2. DATE OF DEATH 11-4-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 14-03	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1823 Brunt St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1823 Brunt St	
5. SEX 7	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 9/27/16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 34	11. BIRTHPLACE (State or foreign country) Balto. md.
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Lawrence Banks
14. MOTHER'S MAIDEN NAME Viola Cox		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. -		17. INFORMANT Viola Brayton	
18. E982X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Laceration of Neck with laceration of left carotid Artery (B) and Trachea (C) Terminal Hemorrhage INTERVAL BETWEEN ONSET AND DEATH		19. DATE OF OPERATION	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1823 Brunt Street	
21D. TIME (Month) (Day) (Year) (Hour) INJURY November 4, 1950 7 P m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR? Sharp instrument		22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .	
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED 11-5-50		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11/9/50		24C. NAME OF CEMETERY OR CREMATORY mt Auburn	
24D. LOCATION (City, town, or county) (State) md.		25. FUNERAL DIRECTOR Geo. H. Kelson	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1950		REGISTRAR'S SIGNATURE William V. Smith	
25. FUNERAL DIRECTOR Geo. H. Kelson		ADDRESS 1303 Pressman	

552
9535BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9535

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William Elmer Armstrong</u>			2. DATE OF DEATH <u>Nov. 5 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>2005</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>417 S. BENTLOW ST.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
C. Length of stay in Baltimore <u>LIFE</u>			D. STREET ADDRESS (If rural, give location) <u>417 S. BENTLOW ST.</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 18, 1884</u>	9. AGE (In years last birthday) <u>66</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR, ELECT. CO.</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>BALTO. MD.</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>WILLIAM J. ARMSTRONG</u>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>RIR-05-4276</u>		
17. INFORMANT <u>MARGARET ARMSTRONG</u>			ADDRESS <u>417 S. BENTLOW ST.</u>		
18. <u>42011</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Thrombosis</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive CVA Disease</u> DUE TO <u>Atherosclerosis</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>48</u> to <u>Nov</u> , 19 <u>50</u> that I last saw the deceased alive on <u>2 Nov, 1950</u> and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>H. Bayliss</u>		23B. ADDRESS <u>1600 Wilkens Ave</u>		23C. DATE SIGNED <u>6 Nov 50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>11/8/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>LOUDEN PARK</u>	
24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, MD.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>Walter J. Williams</u>		25. FUNERAL DIRECTOR <u>Joseph J. Tomlinson</u>	
ADDRESS <u>1028 Sulphur Spring Rd.</u>					

215-1 Wilkins

500
ES-143062
50 9536BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9536
Registered No.

1. NAME OF DECEASED (Type or Print) Jacob T. Bowen			2. DATE OF DEATH 11-6-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-04		
C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 632 N. Brice Street (17)		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH April 17, 1862		
9. AGE (In years; last birthday) 88			10. UNDER 1 Year Months: Days: Hours: Min. 11-6-50		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? (D)		
13. FATHER'S NAME (D)			14. MOTHER'S MAIDEN NAME (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (D)			16. SOCIAL SECURITY NO. (D)		
17. INFORMANT Records* Balto. City Hospitals			ADDRESS 4940 Eastern Av		

18. 465X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Infarct DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 1 Day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Embolism DUE TO (B)		1 Day
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 11-6-50		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-3 , 19 50 , to 11-6 , 19 50 , that I last saw the deceased alive on 11-6 , 19 50 , and that death occurred at 11:10 P. , from the causes and on the date stated above.					
23A. SIGNATURE C. S. Bowen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-7-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/9/50		24C. NAME OF CEMETERY OR CREMATORY mt Olivet Cem.	
24D. LOCATION (City, town or county) (State) Frederick Ave		25. FUNERAL DIRECTOR C. P. Towell			
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1950		REGISTERAR'S SIGNATURE William Williams, M.D.			
25. FUNERAL DIRECTOR ADDRESS 2427 Edmondson Ave					

460
50 9537BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9537
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Harry Lee Wheeler</i>		2. DATE OF DEATH <i>Nov. 4, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>28</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3609 Woodbine Ave.</i>		D. STREET ADDRESS (If rural, give location) <i>3609 Woodbine Ave</i>		c. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 7-1874</i>	9. AGE (In years: last birthday) <i>75</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Coal dealer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Coal + Wood</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
13. FATHER'S NAME <i>William H. Wheeler</i>		14. MOTHER'S MAIDEN NAME <i>Annie E. Deoney</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>216-03-8992</i>		17. INFORMANT ADDRESS <i>Mrs. Blanche Penairi 3609 Woodbine Ave</i>	
18. <i>334 X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>cerebral apoplexy</i>		<i>25 hours</i>	
ANTECEDENT CAUSES		(B) <i>arterio-sclerosis with hypertension ?</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 8</i> , 1950, to <i>Nov. 4</i> , 1950, that I last saw the deceased alive on <i>Nov 4</i> , 1950, and that death occurred at <i>6:55 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Maurice E. Shamer</i> M. D.		23B. ADDRESS <i>3300 N. North Ave.</i>		23C. DATE SIGNED <i>11-6-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 7-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave</i>		25. FUNERAL DIRECTOR <i>4510</i> ADDRESS <i>E. William Lamoreau Liberty Hgts Ave</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7-1950</i> REGISTRAR'S SIGNATURE <i>William M. Williams</i>	

STATEMENT OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Witness

Signature of Burial Officer

Signature of Registrar

Signature of Minister

Signature of Undertaker

Signature of Cemetery

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

BALTIMORE CITY HEALTH DEPARTMENT		50 9538
CERTIFICATE OF DEATH		Registered No. _____
1. NAME OF DECEASED (Type or Print) <i>BABY CORISANTI</i>		2. DATE OF DEATH <i>11-7-50</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>SINAI HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 27-31</i>
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>3901 White Ave</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>
8. DATE OF BIRTH <i>11-6-50</i>		9. AGE (In years last birthday) _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>INFANT</i>		10B. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <i>BALTO. MD.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>John V. Corisanti</i>		14. MOTHER'S MAIDEN NAME <i>Ethel Martin</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____
17. INFORMANT <i>John Corisanti</i>		ADDRESS <i>3901 White Ave</i>
18. <i>763.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>BRONCHO-PNEUMONIA</i> (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) <i>ATELECTASIS</i> DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) _____	21E. INJURY OCCURRED _____	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <i>11-6-50</i> , to <i>11-7-50</i> , that I last saw the deceased alive on <i>11-7-50</i> , and that death occurred at <i>12:35 a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Anna Traver</i>		23B. ADDRESS <i>Sinai Hosp.</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 7th</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Torrain Park</i>		24D. LOCATION (City, town, or county) (State) <i>Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1950</i>		25. FUNERAL DIRECTOR <i>L J Beck</i>
REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		ADDRESS <i>5305 Harford Rd</i>

MATTHEW CIVIL HEALTH CERTIFICATE
CERTIFICATE OF DEATH

1. Name of Deceased
2. Sex
3. Age
4. Date of Birth
5. Date of Death
6. Place of Birth
7. Usual Residence
8. Cause of Death
9. Signature of Registrar
10. Signature of Medical Officer
11. Signature of Coroner
12. Signature of Police Officer
13. Signature of Burial Officer
14. Signature of Undertaker
15. Signature of Witness
16. Signature of Registrar
17. Signature of Medical Officer
18. Signature of Coroner
19. Signature of Police Officer
20. Signature of Burial Officer
21. Signature of Undertaker
22. Signature of Witness
23. Signature of Registrar
24. Signature of Medical Officer
25. Signature of Coroner
26. Signature of Police Officer
27. Signature of Burial Officer
28. Signature of Undertaker
29. Signature of Witness
30. Signature of Registrar
31. Signature of Medical Officer
32. Signature of Coroner
33. Signature of Police Officer
34. Signature of Burial Officer
35. Signature of Undertaker
36. Signature of Witness
37. Signature of Registrar
38. Signature of Medical Officer
39. Signature of Coroner
40. Signature of Police Officer
41. Signature of Burial Officer
42. Signature of Undertaker
43. Signature of Witness
44. Signature of Registrar
45. Signature of Medical Officer
46. Signature of Coroner
47. Signature of Police Officer
48. Signature of Burial Officer
49. Signature of Undertaker
50. Signature of Witness
51. Signature of Registrar
52. Signature of Medical Officer
53. Signature of Coroner
54. Signature of Police Officer
55. Signature of Burial Officer
56. Signature of Undertaker
57. Signature of Witness
58. Signature of Registrar
59. Signature of Medical Officer
60. Signature of Coroner
61. Signature of Police Officer
62. Signature of Burial Officer
63. Signature of Undertaker
64. Signature of Witness
65. Signature of Registrar
66. Signature of Medical Officer
67. Signature of Coroner
68. Signature of Police Officer
69. Signature of Burial Officer
70. Signature of Undertaker
71. Signature of Witness
72. Signature of Registrar
73. Signature of Medical Officer
74. Signature of Coroner
75. Signature of Police Officer
76. Signature of Burial Officer
77. Signature of Undertaker
78. Signature of Witness
79. Signature of Registrar
80. Signature of Medical Officer
81. Signature of Coroner
82. Signature of Police Officer
83. Signature of Burial Officer
84. Signature of Undertaker
85. Signature of Witness
86. Signature of Registrar
87. Signature of Medical Officer
88. Signature of Coroner
89. Signature of Police Officer
90. Signature of Burial Officer
91. Signature of Undertaker
92. Signature of Witness
93. Signature of Registrar
94. Signature of Medical Officer
95. Signature of Coroner
96. Signature of Police Officer
97. Signature of Burial Officer
98. Signature of Undertaker
99. Signature of Witness
100. Signature of Registrar



200
9539BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9539
Registered No.

1. NAME OF DECEASED (Type or Print) JENNIE S. MAIZE		2. DATE OF DEATH Nov. 6, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3214 Clifftmont Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 8-01	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3214 CLIFTMONT AVE	
7. SEX F.	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	10. DATE OF BIRTH Aug. 19, 1857
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 93	
13. FATHER'S NAME HENRY LOOSE		14. BIRTHPLACE (State or foreign country) Millheim, Pa.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. MOTHER'S MAIDEN NAME SCHREFLER		18. INFORMANT ADDRESS Mr. Robert MAIZE, 3214 Clifftmont Ave	
19. CAUSE OF DEATH 18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arterio Sclerosis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Cholecystitis			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1, 1950 to Nov 6, 1950 , that I last saw the deceased alive on Nov 6, 1950 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Walter C. Hedderson M.D.		23B. ADDRESS 300 Shannon Drive	
23C. DATE SIGNED Nov. 7-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/9/50	
24C. NAME OF CEMETERY OR CREMATORY BALTIMORE		24D. LOCATION (City, town, or county) (State) ENORTH AVE MD.	
25. FUNERAL DIRECTOR Medred J. Blight		ADDRESS 6009 Harford	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1950		REGISTRAR'S SIGNATURE Washington Williams	

3000 ft. above sea level
after 9. a. m.

462
50 9540
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9540
Registered No.

1. NAME OF DECEASED (Type or Print) Robert Clark				2. DATE OF DEATH Nov 4, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION U S Marine Hospital				C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore			
c. Length of stay in Baltimore ?				D. STREET ADDRESS (If rural, give location) 1209 Linden Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1900		9. AGE (In years last birthday) 50	If Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10B. KIND OF BUSINESS OR INDUSTRY painter		11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. 212-12-6024		17. INFORMANT wife		
			ADDRESS same				
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 6 hrs ?			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from NOV 4 , 1950, to NOV 4 , 1950, that I last saw the deceased alive on NOV 4 , 1950, and that death occurred at 3 p. m. , from the causes and on the date stated above.							
23A. SIGNATURE Richard A. Saavedra				23B. ADDRESS U S Marine Hospital		23C. DATE SIGNED Nov 4 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/8/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Annex		24D. LOCATION (City, town, or county) State 5712 O'Donnell St - Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 1950		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Gas. W. Kachavstas 703 Mc HENRY ST			

MEDICAL CERTIFICATION

51024

093d

7

496

325
50 9541BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 9541

1. NAME OF DECEASED (Type or Print) <i>Elsie M. Hutchings</i>			2. DATE OF DEATH <i>11/6/50</i>		
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i> B. <i>Baltimore, Maryland</i> C. <i>South Baltimore General Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Riviera Beach</i> D. STREET ADDRESS (If rural, give location) <i>Harlem Road, Riviera Beach 5200</i>		
5. SEX <i>Female</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>6/27/1896</i>		
9. AGE (In years last birthday) <i>54</i>			10. UNDER 1 Year Months: Days: <i>54</i>		
11. UNDER 24 Hours Hours: Min. <i>54</i>			12. CITIZEN OF WHAT COUNTRY? <i>New York</i>		
13. FATHER'S NAME <i>Sewell Symes</i>			14. MOTHER'S MAIDEN NAME <i>Grace Danielson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Mr. Herbert P. Hutchings</i>			ADDRESS <i>Riviera Beach, Md.</i>		

18. <i>440 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Hypertensive Heart Disease</i> DUE TO (B) <i>Myocardial Hypertension</i> DUE TO (C) <i>Pulmonary infarction, left</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/6/50</i> , 19__, to <i>11/6/50</i> , 19__, that I last saw the deceased alive on <i>11/6/50</i> , 19__, and that death occurred at <i>11:05 P. M.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>B. F. D. Quinn</i>		23B. ADDRESS <i>1213 Light Street</i>		23C. DATE SIGNED <i>11/7/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/9/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. Natl.</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. LOCATION (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Tichenor & Sons - Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Tichenor</i>		ADDRESS	

Division of

New York

Report of

362
50 9542
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9542

1. NAME OF DECEASED (Type or Print) EDWARD E. STARKEY			2. DATE OF DEATH Nov. 5, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel Co.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2914 Clifton Park Terrace			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riviera Beach 5200		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Asbury & Creek Rds., Pasadena P. O. Md.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 10, 1878	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Rtd)			10B. KIND OF BUSINESS OR INDUSTRY Real Estate		
13. FATHER'S NAME August Starkey			14. MOTHER'S MAIDEN NAME Bertha Kimmel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Edward R. Starkey			ADDRESS 1621 Shadyside Rd.		

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardiac Decompensation DUE TO (B) Hypertensive C. V. D. DUE TO (C) arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 wk ?					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 26**, 19**50**, to **Nov 5**, 19**50**, that I last saw the deceased alive on **Nov 5**, 19**50**, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Lawrence J. Shumacher** M. D. 23B. ADDRESS **3211 Falls Rd** 23C. DATE SIGNED **Nov 6, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/50	24C. NAME OF CEMETERY OR CREMATORY Western Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1950	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Tickner & Sons - Balto.	ADDRESS Md.
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50 9543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9543
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia Palese

2. DATE

OF

DEATH November 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

location)

St. Joseph's

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

220 S. Clinton St.

c. Length of stay in Baltimore

45 yr.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

F.

W.

Widowed

July. 11 1901

49

3

25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Machine Operator

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Filippo Tosches

14. MOTHER'S MAIDEN NAME

Filomena Del Bono

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
218-12-7270

17. INFORMANT

ADDRESS

Gloria Andrews

220 S. Clinton St.

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular accident

DUE TO

thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from November 3, 1950 to November 5, 1950, that I last saw the
deceased alive on Nov. 5, 1950, and that death occurred at 5:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

11/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 8 1950

Sacred Heart of Jesus Co. German Hill Rd. Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

342 S. High St.

3543

10

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

3543

10

1910

1910

1910

635

50 9544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9544

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOU WILLIE MARTIN

2. DATE
OF
DEATH

11-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

PROVIDENT HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE township)

15-02

D. STREET ADDRESS (If rural, give location)

1837 W. NORTH AVE.

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1-23-97

9. AGE (In years
last birthday)

53

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

RALEIGH SOUTHFIELD

14. MOTHER'S MAIDEN NAME

ALICE HOUSTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Ht. Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Auricular Fibrillation
Hypertension
Dementia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29 1950, to 10-31 1950, that I last saw the
deceased alive on 11-2 1950, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Timbrey M. D.

23B. ADDRESS

Provident Hosp

23C. DATE SIGNED

11-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

Wilmington, Delaware, ME

Holland Funeral Home

2000-2001

160 50 9545

50 9545

JL - 129555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Taylor

2. DATE
OF
DEATH

11-4-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Ave.

3)

c. Length of stay in Baltimore

3 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Wid.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Smith Taylor (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 17-01

D. STREET ADDRESS (If rural, give location)

565 W. Biddle St.

8. DATE OF BIRTH

Aug. 14, 1887

9. AGE (in years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Robinson (D)

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 2040

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Lymphatic Leukemia

INTERVAL BETWEEN
ONSET AND DEATH

2 Years

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June 17, 1949

Biopsy left Axillary lymph node

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-49, 19__, to Nov. 4, 1950 that I last saw the
deceased alive on Nov. 4, 1950, and that death occurred at 7.10Am., from the causes and on the date stated above

23A. SIGNATURE

M. O.

23B. ADDRESS

Baltimore City Hospital
4940 Eastern Avenue

23C. DATE SIGNED

Nov. 5, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 11-10-50 Mt. Calvary.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

Huntington Williams, Md.

A. Halstead - 918 -
Leverid Hill Ave.

1890-1891. 1892-1893. 1894-1895. 1896-1897. 1898-1899. 1900-1901. 1902-1903. 1904-1905. 1906-1907. 1908-1909. 1910-1911. 1912-1913. 1914-1915. 1916-1917. 1918-1919. 1920-1921. 1922-1923. 1924-1925. 1926-1927. 1928-1929. 1930-1931. 1932-1933. 1934-1935. 1936-1937. 1938-1939. 1940-1941. 1942-1943. 1944-1945. 1946-1947. 1948-1949. 1950-1951. 1952-1953. 1954-1955. 1956-1957. 1958-1959. 1960-1961. 1962-1963. 1964-1965. 1966-1967. 1968-1969. 1970-1971. 1972-1973. 1974-1975. 1976-1977. 1978-1979. 1980-1981. 1982-1983. 1984-1985. 1986-1987. 1988-1989. 1990-1991. 1992-1993. 1994-1995. 1996-1997. 1998-1999. 2000-2001. 2002-2003. 2004-2005. 2006-2007. 2008-2009. 2010-2011. 2012-2013. 2014-2015. 2016-2017. 2018-2019. 2020-2021. 2022-2023. 2024-2025. 2026-2027. 2028-2029. 2030-2031. 2032-2033. 2034-2035. 2036-2037. 2038-2039. 2040-2041. 2042-2043. 2044-2045. 2046-2047. 2048-2049. 2050-2051. 2052-2053. 2054-2055. 2056-2057. 2058-2059. 2060-2061. 2062-2063. 2064-2065. 2066-2067. 2068-2069. 2070-2071. 2072-2073. 2074-2075. 2076-2077. 2078-2079. 2080-2081. 2082-2083. 2084-2085. 2086-2087. 2088-2089. 2090-2091. 2092-2093. 2094-2095. 2096-2097. 2098-2099. 2100-2101. 2102-2103. 2104-2105. 2106-2107. 2108-2109. 2110-2111. 2112-2113. 2114-2115. 2116-2117. 2118-2119. 2120-2121. 2122-2123. 2124-2125. 2126-2127. 2128-2129. 2130-2131. 2132-2133. 2134-2135. 2136-2137. 2138-2139. 2140-2141. 2142-2143. 2144-2145. 2146-2147. 2148-2149. 2150-2151. 2152-2153. 2154-2155. 2156-2157. 2158-2159. 2160-2161. 2162-2163. 2164-2165. 2166-2167. 2168-2169. 2170-2171. 2172-2173. 2174-2175. 2176-2177. 2178-2179. 2180-2181. 2182-2183. 2184-2185. 2186-2187. 2188-2189. 2190-2191. 2192-2193. 2194-2195. 2196-2197. 2198-2199. 2200-2201. 2202-2203. 2204-2205. 2206-2207. 2208-2209. 2210-2211. 2212-2213. 2214-2215. 2216-2217. 2218-2219. 2220-2221. 2222-2223. 2224-2225. 2226-2227. 2228-2229. 2230-2231. 2232-2233. 2234-2235. 2236-2237. 2238-2239. 2240-2241. 2242-2243. 2244-2245. 2246-2247. 2248-2249. 2250-2251. 2252-2253. 2254-2255. 2256-2257. 2258-2259. 2260-2261. 2262-2263. 2264-2265. 2266-2267. 2268-2269. 2270-2271. 2272-2273. 2274-2275. 2276-2277. 2278-2279. 2280-2281. 2282-2283. 2284-2285. 2286-2287. 2288-2289. 2290-2291. 2292-2293. 2294-2295. 2296-2297. 2298-2299. 2300-2301. 2302-2303. 2304-2305. 2306-2307. 2308-2309. 2310-2311. 2312-2313. 2314-2315. 2316-2317. 2318-2319. 2320-2321. 2322-2323. 2324-2325. 2326-2327. 2328-2329. 2330-2331. 2332-2333. 2334-2335. 2336-2337. 2338-2339. 2340-2341. 2342-2343. 2344-2345. 2346-2347. 2348-2349. 2350-2351. 2352-2353. 2354-2355. 2356-2357. 2358-2359. 2360-2361. 2362-2363. 2364-2365. 2366-2367. 2368-2369. 2370-2371. 2372-2373. 2374-2375. 2376-2377. 2378-2379. 2380-2381. 2382-2383. 2384-2385. 2386-2387. 2388-2389. 2390-2391. 2392-2393. 2394-2395. 2396-2397. 2398-2399. 2400-2401. 2402-2403. 2404-2405. 2406-2407. 2408-2409. 2410-2411. 2412-2413. 2414-2415. 2416-2417. 2418-2419. 2420-2421. 2422-2423. 2424-2425. 2426-2427. 2428-2429. 2430-2431. 2432-2433. 2434-2435. 2436-2437. 2438-2439. 2440-2441. 2442-2443. 2444-2445. 2446-2447. 2448-2449. 2450-2451. 2452-2453. 2454-2455. 2456-2457. 2458-2459. 2460-2461. 2462-2463. 2464-2465. 2466-2467. 2468-2469. 2470-2471. 2472-2473. 2474-2475. 2476-2477. 2478-2479. 2480-2481. 2482-2483. 2484-2485. 2486-2487. 2488-2489. 2490-2491. 2492-2493. 2494-2495. 2496-2497. 2498-2499. 2500-2501. 2502-2503. 2504-2505. 2506-2507. 2508-2509. 2510-2511. 2512-2513. 2514-2515. 2516-2517. 2518-2519. 2520-2521. 2522-2523. 2524-2525. 2526-2527. 2528-2529. 2530-2531. 2532-2533. 2534-2535. 2536-2537. 2538-2539. 2540-2541. 2542-2543. 2544-2545. 2546-2547. 2548-2549. 2550-2551. 2552-2553. 2554-2555. 2556-2557. 2558-2559. 2560-2561. 2562-2563. 2564-2565. 2566-2567. 2568-2569. 2570-2571. 2572-2573. 2574-2575. 2576-2577. 2578-2579. 2580-2581. 2582-2583. 2584-2585. 2586-2587. 2588-2589. 2590-2591. 2592-2593. 2594-2595. 2596-2597. 2598-2599. 2600-2601. 2602-2603. 2604-2605. 2606-2607. 2608-2609. 2610-2611. 2612-2613. 2614-2615. 2616-2617. 2618-2619. 2620-2621. 2622-2623. 2624-2625. 2626-2627. 2628-2629. 2630-2631. 2632-2633. 26

50 9546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9546
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillie May Willing

2. DATE
OF
DEATH

11/6/50 3:45 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3818 Bayonne Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/3/1877

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John S. Henderson

14. MOTHER'S MAIDEN NAME

Fannie M. Sinclair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alma R. Roach 3818 Bayonne Ave

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Acute Nephrosis

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Ch. Nephritis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1950 to Nov 6, 1950, that I last saw the
deceased alive on Nov 6, 1950, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J S Hardway

M. D.

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

Nov 7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/10/50

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

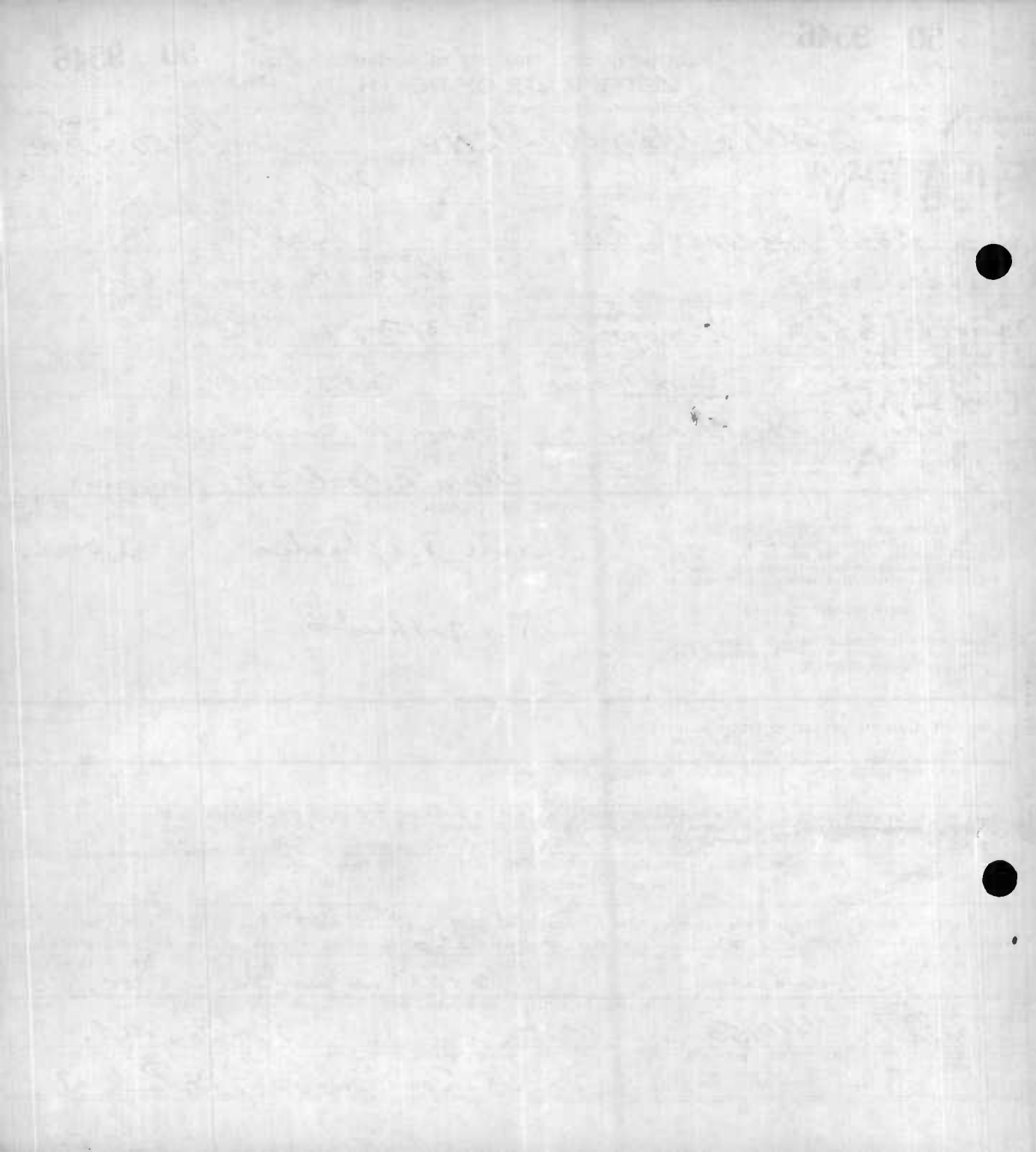
Huntington Williams Jr

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc 1217 St. Paul St

NOV 8 - 1950



20 50 9547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9547

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha A. Parks

2. DATE
OF
DEATH

Nov. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

837 N. Franklintown Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX
Female6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
own home

13. FATHER'S NAME

Peter Orr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
Yes, no or unknown

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Dec. 25, 1868

9. AGE (In years last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Hulda Galmore

17. INFORMANT

ADDRESS

G. W. Taylor, 837 N. Franklintown Road

1B. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Hemorrhage - Hemiplegia
DUE TO Arteriosclerosis with hypertension
(B) Arteriosclerotic type heart disease
DUE TO with myocardial hypertrophy and degeneration - congestive failure
(C)1 month
Several
years
12 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1, 1949 to Nov. 5, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

11/8/50

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Baltimore

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

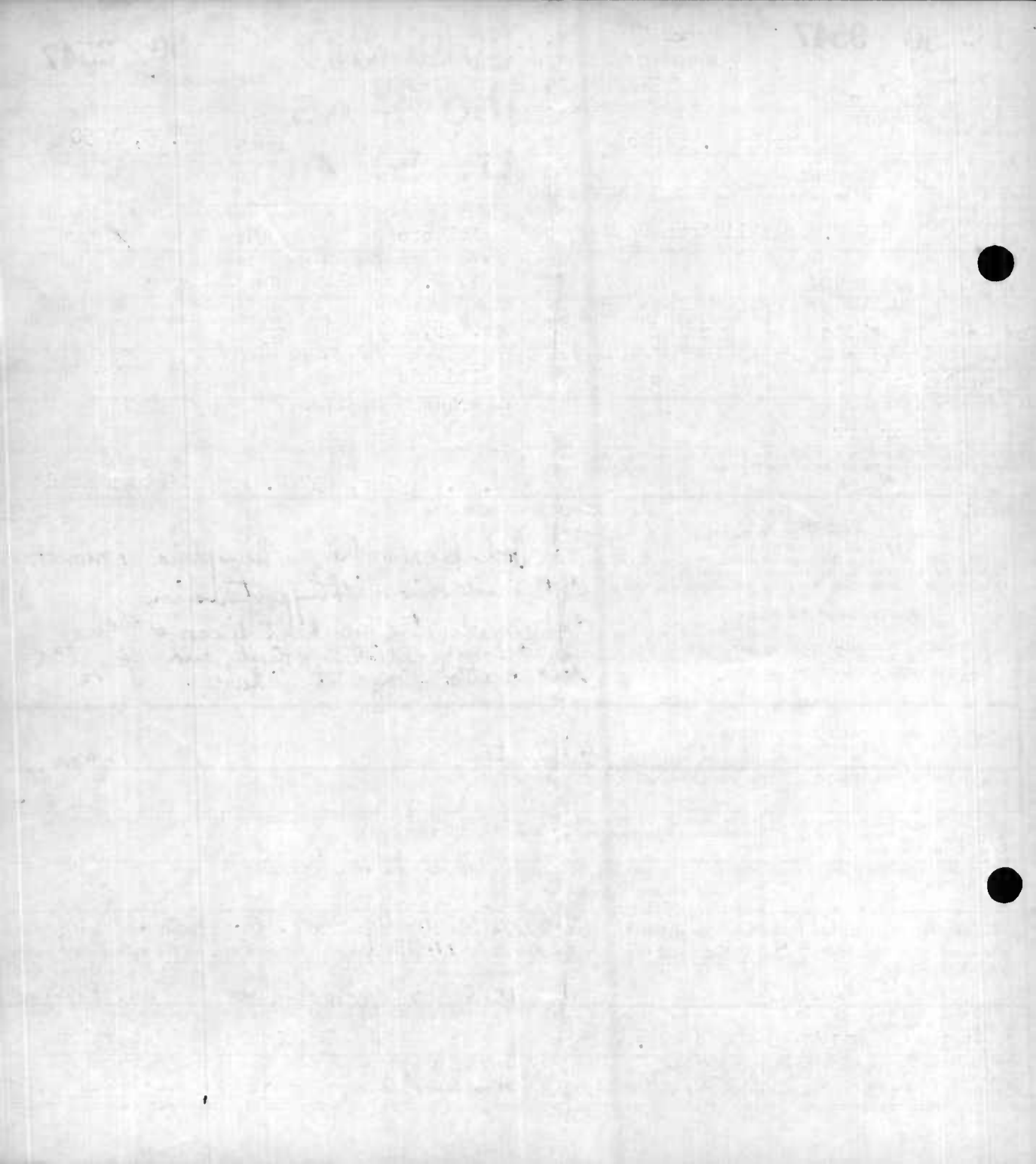
ADDRESS

NOV 8 - 1950

Huntington Williams, M.D.

Hm. Cook, Inc.

1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9548
Registered No.

50 9548
BIRTH NO. *71047*

1. NAME OF DECEASED (Type or Print) RICHARD LEE COULSON		2. DATE OF DEATH November 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore Life Yrs. Life Mos. Life Days Life		8. STREET ADDRESS (If rural, give location) 1146 Sargeant Street	
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH Feb 12, 1947
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		14. AGE (In years last birthday) 3	
15. KIND OF BUSINESS OR INDUSTRY -		16. BIRTHPLACE (State or foreign country) Baltimore Md.	
17. CITIZEN OF WHAT COUNTRY? -		18. MOTHER'S MAIDEN NAME Dorothy M. Frickbaum	
19. FATHER'S NAME Philip James Coulson		20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -	
21. SOCIAL SECURITY NO. -		22. INFORMANT Philip J. Coulson	
23. ADDRESS 1146 Sargeant St		24. ADDRESS 1146 Sargeant St	

18. E917.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Second and third degree burns of trunk and extremities		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) cellar		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1914 221 L. Monroe St	
21D. TIME (Month) (Day) (Year) (Hour) November 6, 1950 7.30a m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell backwards into tub of hot water	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 8-1950		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) Baltimore City Md		25. FUNERAL DIRECTOR Mr. Mrs. John W. Terfelson			
DATE RECEIVED BY LOCAL REGISTRAR Nov 8 1950		REGISTRAR'S SIGNATURE <i>William W. [Signature]</i>		ADDRESS 5311 Edmondson	

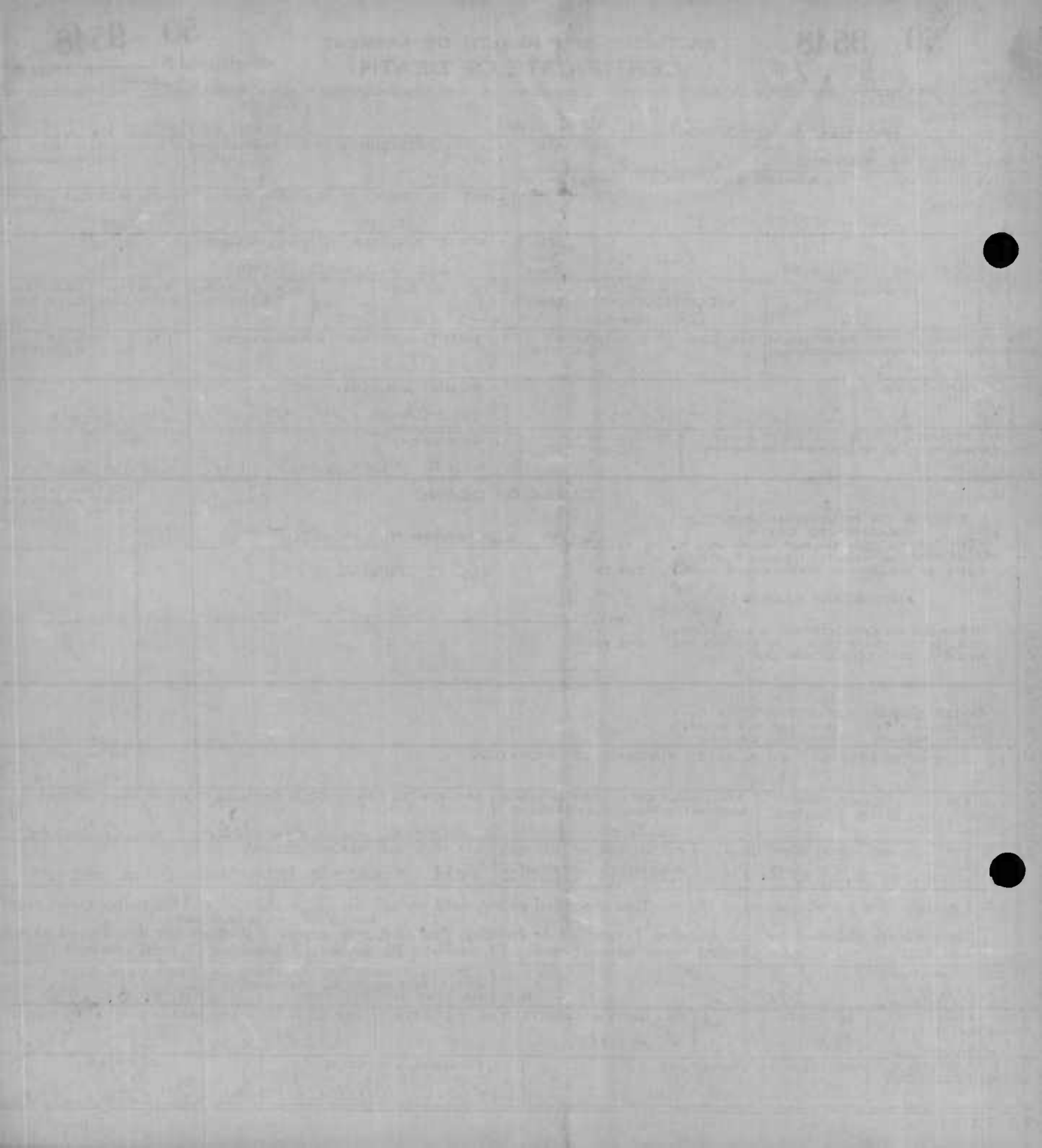
V S 151 **N 947.2**

181.0 Ave.

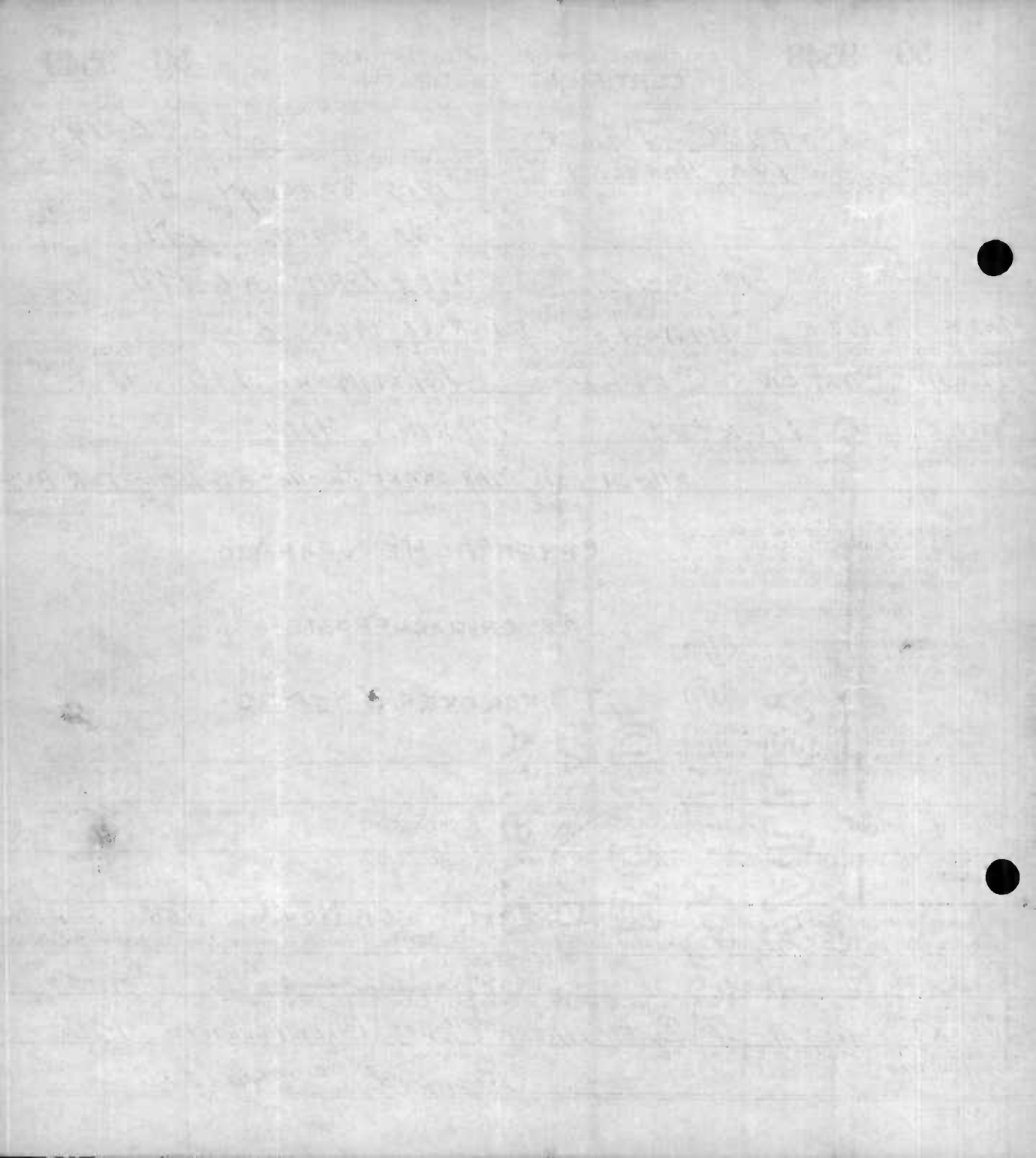
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THE UNIVERSITY OF CHICAGO
LIBRARY

8128 02



670 50 9549		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 9549 Registered No.	
BIRTH NO.				2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) JAMES C. DORSEY				Nov. 6-1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland 1909 BARCLAY ST.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY MD	
b. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD	
c. Length of stay in Baltimore LIFETIME				d. STREET ADDRESS (If rural, give location) 1909 BARCLAY MD	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER.	8. DATE OF BIRTH JAN-26-1900	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FILLING STATION (R) CLERK.			11. BIRTHPLACE (State or foreign country) BALTIMORE MD.		
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME CORNELIOUS DORSEY.		
14. MOTHER'S MAIDEN NAME MARTHA HILL			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 316-01-6211			17. INFORMANT ADDRESS MARGARET STOKES-418 CHESTER AVE		
18. 002X				CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) CEREBRAL HEMORRHAGE	
ANTECEDENT CAUSES				(B) ARTERIOSCLEROSIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) T.B. FOR OVER 3 YEARS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from SEPT 1 , 19 50 to Nov. 6 , 19 50 that I last saw the deceased alive on Nov. 6 , 19 50 , and that death occurred at 11:30 PM , from the causes and on the date stated above.					
23a. SIGNATURE Harry W. Rasmussen		23b. ADDRESS 1907 Greenmount Ave		23c. DATE SIGNED 11/7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 9-50		24c. NAME OF CEMETERY OR CREMATORY GREEN HAVEN CEM.	
24d. LOCATION (City, town, or county) (State) GREENBURY MD		25. FUNERAL DIRECTOR Bernard C. Harris		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8-1950		REGISTRAR'S SIGNATURE William M. Harris			



30 2550 30
BATHING AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

100 W 250

12-1-1896 23 10 1

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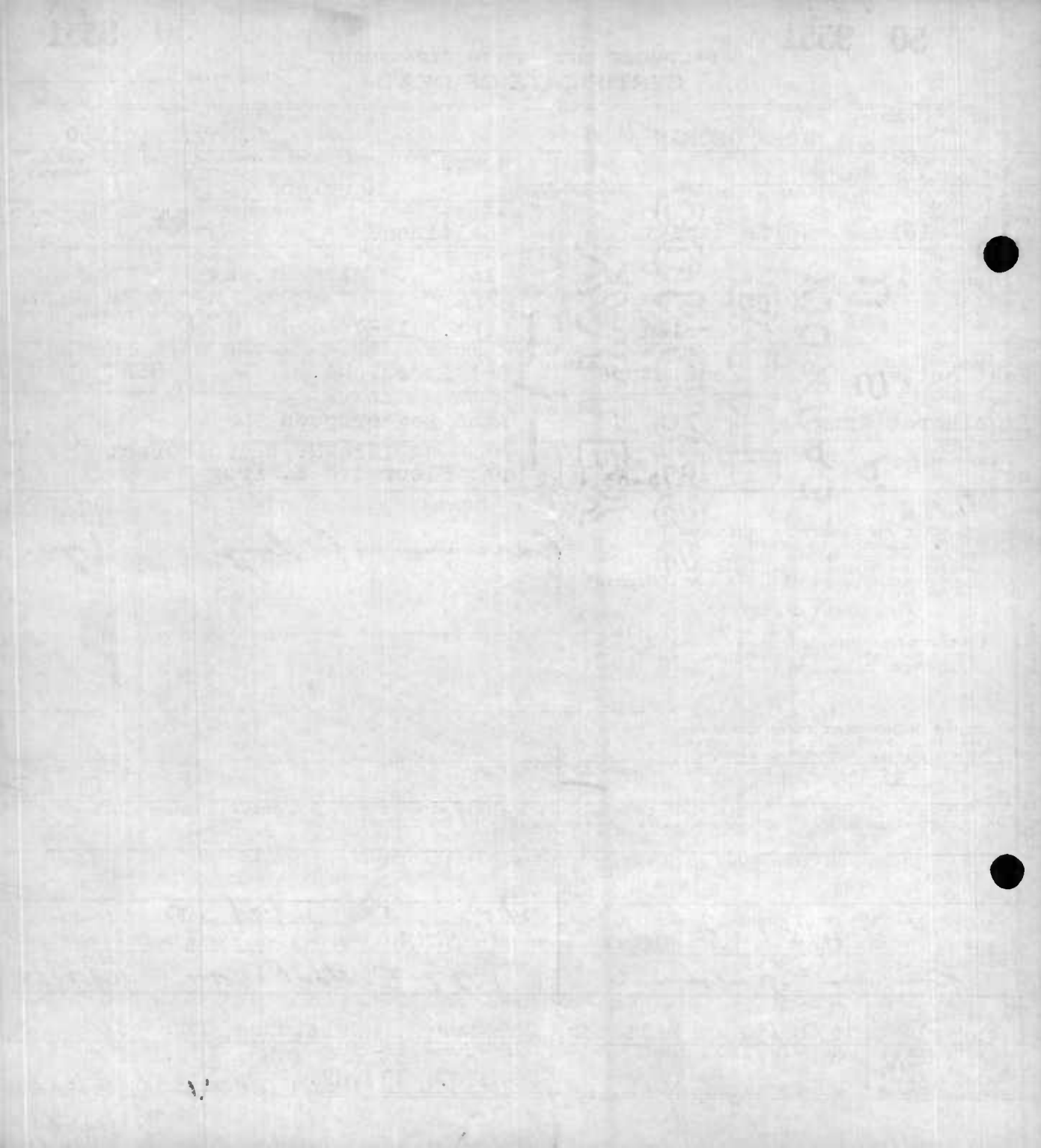
20 50 9551

50 9551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) JOHN GEORGE KRUG		2. DATE OF DEATH Nov. 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE Maryland B. COUNTY 8-06			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1614 N. Wolfe Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1614 N. Wolfe Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 8, 1884	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter		10B. KIND OF BUSINESS OR INDUSTRY Food stores (R)		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Engelhardt Krug		14. MOTHER'S MAIDEN NAME Anna Leaderhosen		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-03-1352		17. INFORMANT 1614 N. Wolfe Street Mrs. Fleurette E. Krug	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 1 yr.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/11 , 19 50 , to 11/7 , 19 50 , that I last saw the deceased alive on 11/5 , 19 50 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Henry Sander & Sons		23B. ADDRESS 1737 E. North Ave.		23C. DATE SIGNED 11/7/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/10/50		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. REGISTERAR'S SIGNATURE Henry Sander & Sons, Inc.			
24F. DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1950		24G. ADDRESS BALTO., 13 MD.			



50 9552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9552
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Loeffler ANNA A. LOEFFLER

2. DATE
OF
DEATH

11.4.50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Frederick August Krause

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL

SECURITY NO. 220-14-9448

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-11

D. STREET ADDRESS (If rural, give location)

408 South Bouldin Str

8. DATE OF BIRTH

May 17, 1892 58

9. AGE (In years
last birthday)

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Bertha D. Greenwald

17. INFORMANT

Mr. Christian Loeffler

ADDRESS

408 S. Bouldin Street

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhagia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

hypertension

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

arteriosclerosis
probably glomerulonephritis.INTERVAL BETWEEN
ONSET AND DEATH

2 days

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

2711 Eastern Ave

22. I hereby certify that I attended the deceased from 9:30 AM 11/4, 1950, to 9 PM 11/4, 1950, that I last saw the deceased alive on 11-4, 1950, and that death occurred at 9:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

11/8/50

Parkwood Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

HENRY SANDER & SONS, INC. ADDRESS

NOV 8 - 1950

Balto. 13, Md.

STATE OF NEW YORK
OFFICE OF THE COMPTROLLER
ALBANY

REPORT OF THE COMPTROLLER
FOR THE YEAR 1900

RECEIVED
JAN 10 1901
STATE OF NEW YORK
OFFICE OF THE COMPTROLLER
ALBANY

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1910.

REPORT
OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1909.

ALBANY:

J. B. LEECH, PRINTERS.

1910.

THE STATE OF NEW YORK.

OFFICE OF THE ATTORNEY GENERAL.

ALBANY.

1910.

THE STATE OF NEW YORK.

OFFICE OF THE ATTORNEY GENERAL.

ALBANY.

1910.

6250 9554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9554
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH L. NORRIS

2. DATE
OF
DEATH

Nov. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Garrison Nursing Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days
Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Patrick Dumphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
None17. INFORMANT 1204 N. Patterson Pk. Av.
Mrs John E. Burkert, Jr.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bilateral Bronchopneumonia 1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension a.s. C.V. W. 5 yrs.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/24, 1947, to 11/4, 1950, that I last saw the deceased alive on 11/4, 1950 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. Karl Grossman

M. D.

23B. ADDRESS

1212 N. Patterson Pk. Av.

23C. DATE SIGNED

11/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

11/7/50

Loudon Park Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.
BALTIMORE - 13, Md.

Seymour P. Sander

1870

00

1870

00

1870 TO 1870



50 9555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9555

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN LEIMBACH

2. DATE
OF DEATH

Nov. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1605 Cliftview Avenue

C. Length of stay in Baltimore

94 Yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mgr.

10B. KIND OF BUSINESS OR INDUSTRY

Cleaning & Dyeing

13. FATHER'S NAME

? Leimbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

none

8. DATE OF BIRTH

Aug. 25, 1853

9. AGE (In years last birthday)

97

11. Under 1 Year Months: Days

12. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

17. INFORMANT 1605 Cliftview Avenue
Mr. Tracy Leimbach

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Hemorrhage & Right Hemiplegia
DUE TO
Arteriosclerosis16 days
2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 17, 1950 to Nov. 6, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1613 E. North Ave

23C. DATE SIGNED

11-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/9/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

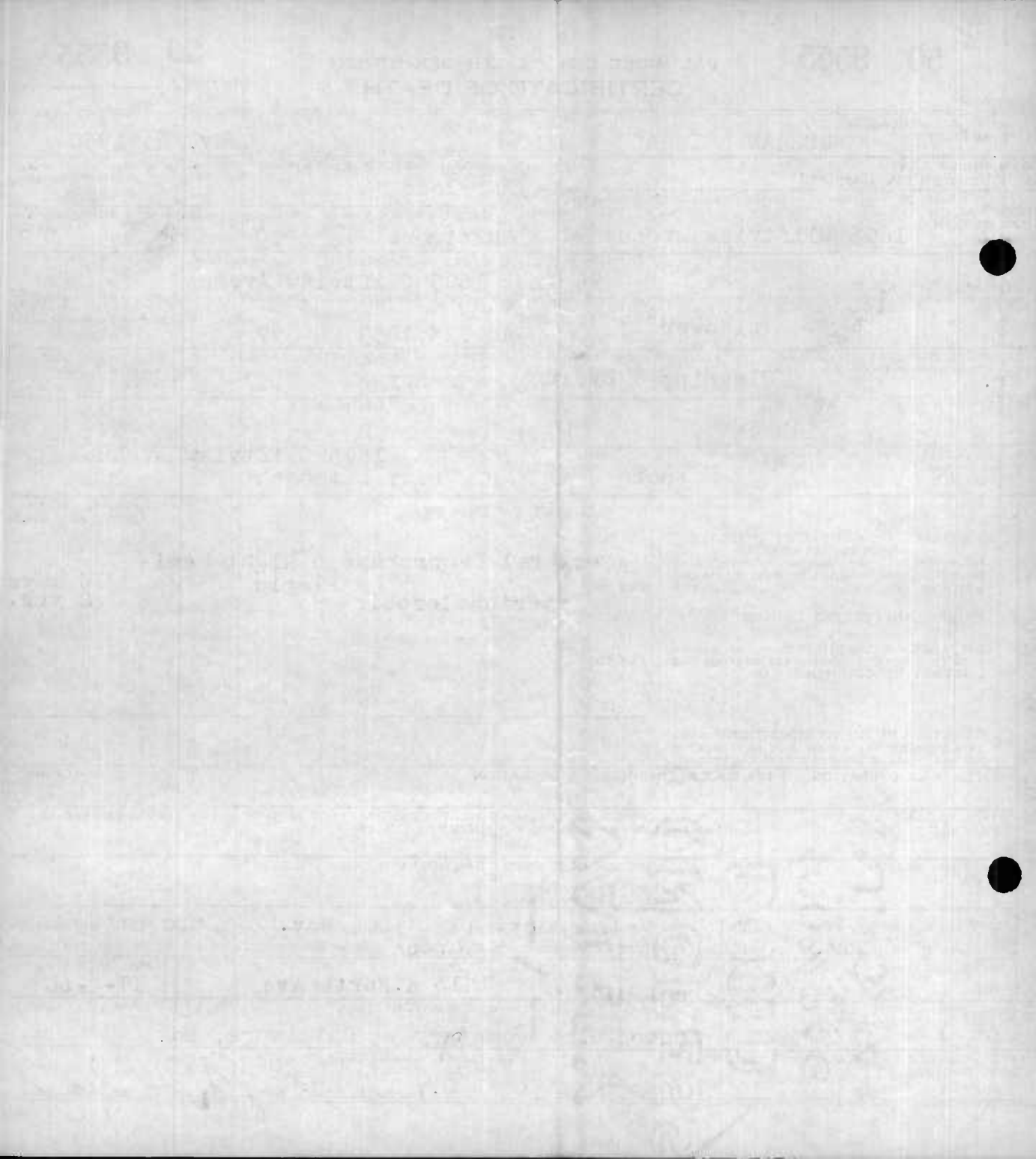
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. ADDRESS

BALTO., 13, MD



146
50 9556BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH80 9556
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAVALIER, BENJAMIN (not name)

2. DATE
OF
DEATH

Nov. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

3140 Oakford Avenue

c. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 14, 1898

9. AGE (In years
last birthday)

51

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Furrier

10B. KIND OF BUSINESS OR
INDUSTRY

Proprietor (R)

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Cavalier

14. MOTHER'S MAIDEN NAME

Dena Aaronson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Pearl Cavalier 3140 Oakford Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

cardiac failure

ANTECEDENT CAUSES

(B)

DUE TO

Carcinoma of Colon

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 6, 1950

19B. MAJOR FINDINGS OF OPERATION

resection of descending colon according to obstruction carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1950, to 11/7, 1950, that I last saw the
deceased alive on 11/7, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elmer B. Bergard M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/8/50

24C. NAME OF CEMETERY OR CREMATORY

Aitz Chaim Cong. Wash. Blvd.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros 1124-26 W. North Ave.

50 9557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9557

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		November 6, 1950	
PHILIP A. FINE			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		a. STATE Maryland	
c. Length of stay in Baltimore		b. COUNTY Baltimore	
5. SEX Male		c. CITY OR TOWN Baltimore	
6. COLOR OR RACE White		d. STREET ADDRESS (If rural, give location) 3641 Dolfield Avenue	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Mar. 26, 1898	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		9. AGE (In years last birthday) 52	
10B. KIND OF BUSINESS OR INDUSTRY Liquor Store		11. BIRTHPLACE (State or foreign country) Franklin, Virginia	
13. FATHER'S NAME Morris L. Fine		12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		14. MOTHER'S MAIDEN NAME Bertha Bloom	
16. SOCIAL SECURITY NO. W..W. 1		17. INFORMANT Gertrude Fine-3641 Dolfield Avenue	
18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Gunshot wound of abdomen DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION November 6, 1950 10:40P.M.		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. Store		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1817 Pennsylvania Avenue	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) November 6, 1950 10:40P.M.		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley H. Dunbar M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 11-7-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/	
24C. NAME OF CEMETERY OR CREMATORY Anshei Emunah Cong.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR Nov 8 - 1950		25. FUNERAL DIRECTOR Sol. L. Linnson & Bros. 1124-26 W. North Ave.	
REGISTRAR'S SIGNATURE F. L. Williams		ADDRESS	

VS 151

N1862.4

2906Q

166.0

Vane

50 9558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9558
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Bruce Bond

2. DATE
OF
DEATH

Nov. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION Ardleigh Nursing Home
2075 Rockrose Ave.

68

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Oct. 1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Westernport, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

John W. Bruce

14. MOTHER'S MAIDEN NAME

Rachel Ann Duff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. H.J. Brabham-225 Congaree Ave.
Columbia, S. C.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Arterio-sclerosis

many years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOChr. Myocarditis
Old age.

6 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1950, to Nov. 6, 1950, that I last saw the
deceased alive on 11-8, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. C. Blake

M. D.

23B. ADDRESS

Medical Arts Bldg.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/8/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

NOV 8 - 1950

VS 150

093d

4280 9559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9559

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTHER ZALESCH

2. DATE
OF
DEATH

11-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Levendale

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Levendale

5. Length of stay in Baltimore

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

67

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Zalesch - 5120 Queensbury Ave

18. 331 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

1 week

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerosis

years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-48 to 11-8-50, that I last saw the
deceased alive on 11-8-50, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

11-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/8/1950

24C. NAME OF CEMETERY OR CREMATORY

Wash. Bluff

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 8 - 1950

REGISTRAR'S SIGNATURE

Therington Williams

25. FUNERAL DIRECTOR

Jack Lewis Inc - 2100 Eutan Pl

ADDRESS

1870

50 9560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9560
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Lena Cohen

2. DATE
OF
DEATH

11-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Levendale

Yrs.
Mos.
Days

C. Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Samuel Sharlow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

67

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Etta

17. INFORMANT

ADDRESS

Sarah Sharlow - 1914 E Balto St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive card. vascular disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1948, to November 7, 1950, that I last saw the deceased alive on 11-7-1950, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Jerome J. Blumberg

M. D.

Levendale Home

11-7-50.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

11-8-50

Hebrew Young man

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

Washington Williams

Jack Lewis Jr 2100 Eutaw Rd

0472

0472 00

VALLEY
CONCRETE
POND
J. S. A.

256
50 9561BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9561

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RAYMOND CHARLES REGNIER		2. DATE OF DEATH 11/6/50	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. #22 5300	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 3102 Sollers Pt. Rd. Dundalk	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, married WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH Feb. 15, 1893
9. AGE (In years last birthday) 57		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Internal Revenue Agent		10b. KIND OF BUSINESS OR INDUSTRY (Rtd) U. S. Gov't	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Regnier		14. MOTHER'S MAIDEN NAME Margaret Eirman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Anna Z. Regnier		ADDRESS 3102 Sollers Pt. Rd.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive Cardio-Vascular Disease	CAUSE OF DEATH Cerebral Hemorrhage Hypertensive Cardio-Vascular Disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	(B) DUE TO (C)	

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/5/50 , 19__, to 11/6/50 , 19__, that I last saw the deceased alive on 11/6/50 , and that death occurred at 6:55 m., from the causes and on the date stated above.					
23a. SIGNATURE Maddeus Siwinski		23b. ADDRESS St. Joseph's Hosp.		23c. DATE SIGNED 11/6/50	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	24d. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR 11-8-50		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS Thm. J. Pickner & Sons - Balto.

1962

1962

RECEIVED

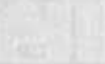
[Faint, illegible handwritten notes and stamps, possibly including "RECEIVED" and "JAN 1962"]

U.S. DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

WASHINGTON, D.C.

U.S. DEPARTMENT OF COMMERCE



10

[Faint, illegible handwritten notes and stamps, possibly including "RECEIVED" and "JAN 1962"]

[Faint, illegible handwritten notes and stamps, possibly including "RECEIVED" and "JAN 1962"]

1962

1962

RECEIVED

C-5406 9562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9562

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen L. Caniford

2. DATE
OF
DEATH

Nov. 6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2112 Orleans St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE B. COUNTY before admission)

2112 Orleans St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

2112 Orleans St.

C. Length of stay in Baltimore

8yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

M. Square Res't.

13. FATHER'S NAME

Wm. Caniford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.
578-07-5261

B. DATE OF BIRTH

Jan. 10, 1917

9. AGE (In years,
last birthday)

33

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Brunswick Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Edna Cummings

17. INFORMANT

ADDRESS

Miss Mari e Matthias, 2112 Orleans St.

18. 171x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer of the Cervix uteri

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK WORK

22. I hereby certify that I attended the deceased from June 18, 1949 to Nov. 6, 1950, that I last saw the deceased alive on 11-6-50, 1950, and that death occurred at 8:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. Eugene Conington M.D.

824 Park Ave. Baltimore 1, Md. 11-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 9/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2024 Orleans St.

RECEIVED

1000

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64 2 50 9563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9563
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 434.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Chronic Cor Pulmonale
Emphysema
Cardiac Decompensation

INTERVAL BETWEEN
ONSET AND DEATH

3 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/2 1950 to 11/6 1950, that I last saw the deceased alive on 11/6 1950 and that death occurred at 7:50 A.M., from the causes and on the date stated above

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

VS 150

51024

095c

N-550 9564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9564

Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SANUEL NEWMAN		November 7, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION 610 N. Curley Street		a. STATE Maryland	
c. Length of stay in Baltimore		b. COUNTY Baltimore	
5. SEX Male		c. CITY OR TOWN Baltimore	
6. COLOR OR RACE White		d. STREET ADDRESS (If rural, give location) 610 N. Curley Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov 26-1876	
9. AGE (In years last birthday) 74		10. UNDER 1 Year Months: 7 Days: 12	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Balt Md.	
10B. KIND OF BUSINESS OR INDUSTRY Dry goods, Salaman		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Leurs Newman		14. MOTHER'S MAIDEN NAME Henrietta New May.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT David Newman		ADDRESS Temple Jordan St	

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Williams		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11-7-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov. 9 1950		24C. NAME OF CEMETERY OR CREMATORY Balt Helix	
24D. LOCATION (City, town, or county) (State) Balt Md		25. FUNERAL DIRECTOR David Souders		ADDRESS 1602 E. 1st St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William J. Williams		26. ADDRESS	

30 304

MINISTRE DES TRAVAUX PUBLICS

30 304

PROVINCE

CERTIFICATE OF DEATH

NAME

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

NAME OF CREMATION

DATE OF EXHUMATION

PLACE OF EXHUMATION

NAME OF EXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

NAME OF REINTERMENT

DATE OF RECREMATION

PLACE OF RECREMATION

NAME OF RECREMATION

DATE OF REINTERMENT

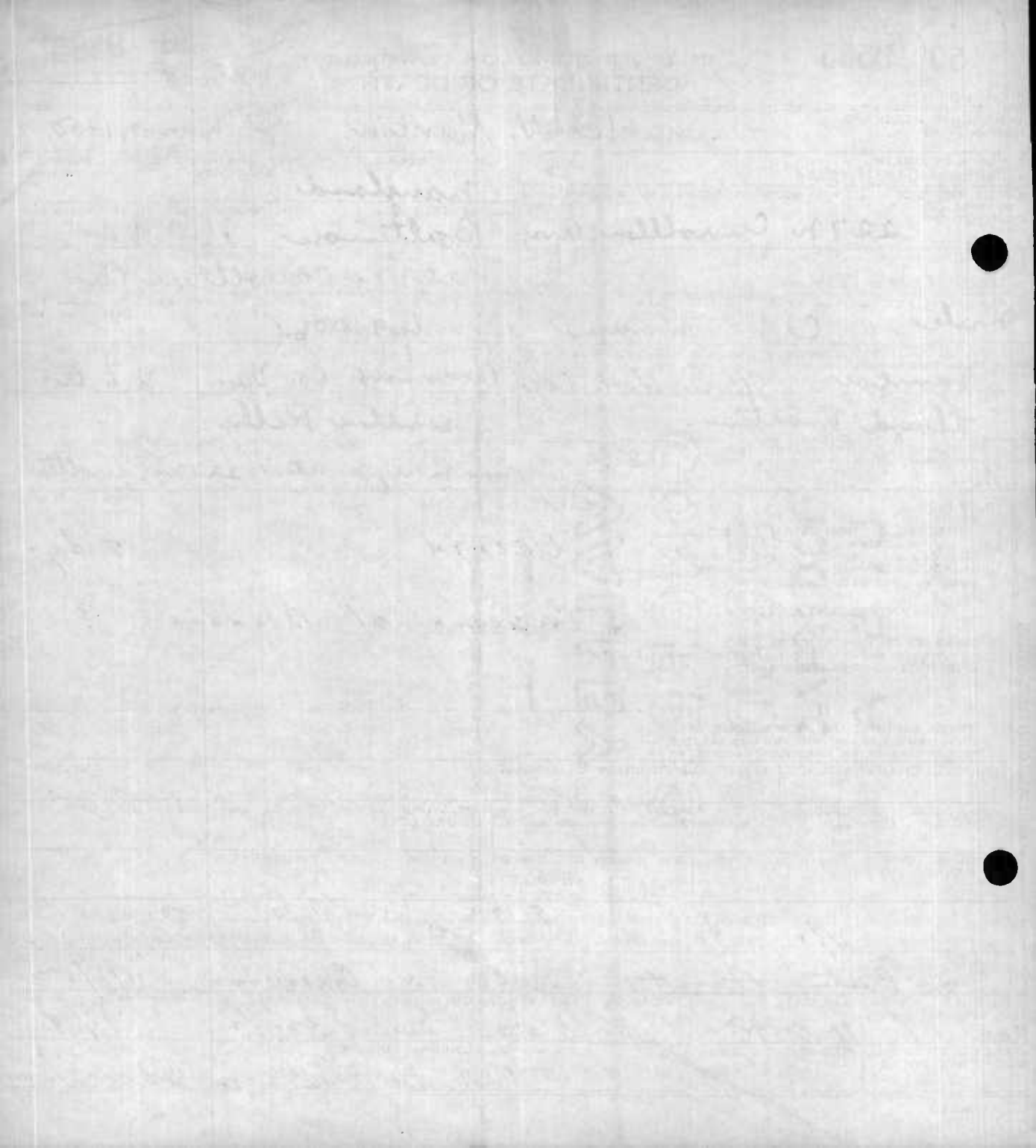
PLACE OF REINTERMENT

NAME OF REINTERMENT

M-635
50 9565BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9565

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		Charles W. Martin.		2. DATE OF DEATH Nov 3, 1950.	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 227 N. Carrollton Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 18-02			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 227 N. Carrollton Ave.			
5. SEX Male		6. COLOR OR RACE C		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH December 9, 1885	
9. AGE (In years, last birthday) 64		10. UNDER 1 Year Months Days		11. BIRTHPLACE (State or foreign country) Accomack Co. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor				10B. KIND OF BUSINESS OR INDUSTRY U.S. Port. Bldg.			
13. FATHER'S NAME Lloyd Martin.				14. MOTHER'S MAIDEN NAME Aritha Kelly.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.				16. SOCIAL SECURITY NO.			
17. INFORMANT Mrs. Mary Martin, 227 N. Carrollton				ADDRESS			
18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Uremia DUE TO (B) Carcinoma of Bladder DUE TO (C)			
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/17, 1950 to 11/3, 1950, that I last saw the deceased alive on 11/2, 1950, and that death occurred at 3:45 P.M., from the causes and on the date stated above.							
23A. SIGNATURE J. Preston Grant M.D.				23B. ADDRESS 601 N. Carrollton		23C. DATE SIGNED 11/6/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR 11-8-1950		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. Schwartz	



R-5305 9566

50 9566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Ramson

2. DATE
OF
DEATH

November 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Ba - Wit - Be Convalescent Home

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

C

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction W.

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or (unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

B2/10.

19-02

D. STREET ADDRESS (If rural, give location)

236 N. Gilman St.

8. DATE OF BIRTH

Sept. 1872 78

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Walter Postman

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardio vascular Disease.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1950, to Nov. 4, 1950, that I last saw the deceased alive on Nov 3, 1950 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Johnson M. O.

23B. ADDRESS

403 Medarts Bg

23C. DATE SIGNED

11-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-8-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Mrs Ketu R Williams

ADDRESS

3227 Schroeder St

20 20

20 20

RECEIVED BY THE
UNITED STATES OF AMERICA

NOV 10 1940



M-522
50 9567BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9567
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hubert Menges

2. DATE
OF
DEATH

11/5/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10 Under 1 Year
Months Days
11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT

(C)

3 months

(over)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

20. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to Nov. 5, 1950 that I last saw the
deceased alive on Nov. 4, 1950, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Was there in clinical history
any indication of probable primary site of carcinoma

If primary site not indicated - could you
state a more definite anatomical location
of the malignant tumor, please?

See Document File 50-9567 for report in full
11-14-50

Briefly, - "lymphatic spread of malignancy ^{EO} in line
clinical evidence of widespread bony metastasis,
no indication of primary site".

Y-3 00 9568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9568
Registered No.

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Pietro Vidi		Nov. 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Union Memorial Hospital location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5703 Winthrop Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 16, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scissors Grinder		10B. KIND OF BUSINESS OR INDUSTRY SELF	9. AGE (In years last birthday) 62
13. FATHER'S NAME Bortolo Vidi		11. BIRTHPLACE (State or foreign country) Austria	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Teresa Caola	
17. INFORMANT Son - Mr. Pietro Vidi		ADDRESS 5703 Winthrop	
18. 002X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Tuberculous Meningitis DUE TO			
ANTECEDENT CAUSES			
(B) Pulmonary Tuberculosis DUE TO			
(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
m. <input type="checkbox"/> WHILE AT WORK		NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 2, 1950 , to Nov. 6, 1950 , that I last saw the deceased alive on Nov 6, 1950 , and that death occurred at 10:40 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS M. D. Union Memorial Hospital	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 9 1950	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Taylor Ave Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Frank Della Noce	
25. FUNERAL DIRECTOR Frank Della Noce		ADDRESS 322 S. High St.	

63584

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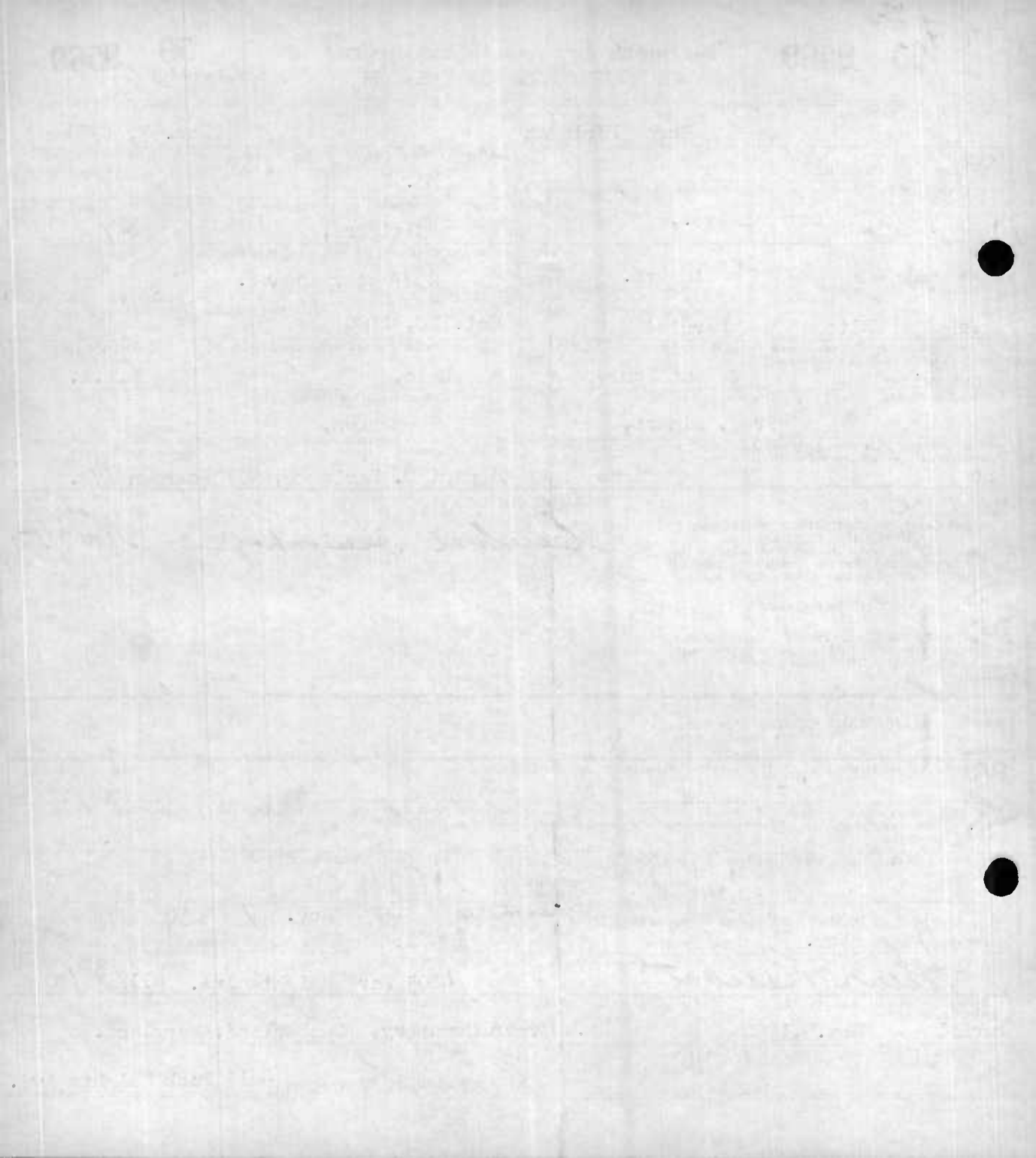
3038

3038

David and Mary

James T. West

P. 645 50 9569		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 9569 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Rose Parlaman			Nov. 7, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE		
2527 Boarman Ave.,			Md.		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
10 yrs.			Baltimore, 15-13		
5. SEX			D. STREET ADDRESS (If rural, give location)		
Female			2527 Boarman Ave.		
6. COLOR OR RACE			8. DATE OF BIRTH		
White			Oct. 18, 1900		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
Married			50		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Housewife			Ohio,		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
at home			U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Fred. Minert,			unknown,		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. INFORMANT		
no			Clement D. Parlaman, 2527 Boarman Ave.		
16. SOCIAL SECURITY NO.			ADDRESS		
none					
18. 321X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) <i>Cerebral Hemorrhage</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 10, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 8:45 A. M., from the causes and on the date stated above.			23A. SIGNATURE		
23B. ADDRESS			23C. DATE SIGNED		
4803 Park Heights Ave.			11/8/50		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
burial			Nov. 9, 1950		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)		
Mt. Herman Cemetery,			Cumberland, Maryland.		
DATE RECEIVED BY LOCAL REGISTRAR			25. FUNERAL DIRECTOR		
26. REGISTRAR'S SIGNATURE			ADDRESS		
27. REGISTRAR'S SIGNATURE			4611 Park Heights Ave.		



5-353
50 9570BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 9570
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>William Stender</i>		2. DATE OF DEATH <i>Nov. 7, 1950</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Chayer 2</i>		4. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission) A. STATE <i>Fla</i> B. COUNTY <i>V-08</i>
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>St Petersburg</i>
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1410 1st Ave</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>
8. DATE OF BIRTH <i>5-4-76</i>		9. AGE (In years last birthday) <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer - Pressman - American Book Co</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>PRINTING</i>
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Greenfield Stender</i>		14. MOTHER'S MAIDEN NAME <i>Amelia Shumacher</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS

18. <i>151X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Ca of stomach & wide spread</i>	
ANTECEDENT CAUSES	(B) <i>metastases</i>	<i>2 yrs</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11/7/50</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>11/5</i> to <i>11/7</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11/7</i> , 19 <i>50</i> , and that death occurred at <i>1207</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Ernest A. Brown Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11-7-50</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>11/8/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Johnstown</i>	24D. LOCATION (City, town, or county) (State) <i>Johnstown, N. Y.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	ADDRESS <i>1217 St. Paul St.</i>

5124M

0466

10-0000

RECEIVED - 10-0000

10-0000

CERTIFICATE OF DEATH

Doc. No.

Date of Death

Place of Death

Age at Death

Sex

Color

Marital Status

Occupation

Education

Religion

Cause of Death

Manner of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Chaplain

Signature of Minister

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Spiritual Leader

Signature of Other

Signature of Witness

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

C-160 9571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9571

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEXANDER COOPER

2. DATE
OF
DEATH

November 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore City*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*May 22-1904*9. AGE (In years
last birthday)

46

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Labourer*10B. KIND OF BUSINESS OR
INDUSTRY*Cont.*

13. FATHER'S NAME

*Joseph Cooper*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Harry Cooper 1524 E. Biddle St*18. *E982X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) *Stab wound of chest*

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)*Home*21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)*1006 Nursery Alley*

21D. TIME (Month) (Day) (Year) (Hour)

November 5, 1950 3:15 Pm.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Stabbed with an ice pick during a fight*22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
*Nov. 6, 1950*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 862.2

97024

167.0

MEDICAL CERTIFICATION

NOV 21

1968

RECEIVED THE HONORARY SECRETARY
GENERAL'S OFFICE

STATE OF OHIO

7-000
50 9572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9572
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ann Lee</i>		2. DATE OF DEATH <i>Nov 4-50</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>Harford</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1722 Orleans St</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>72</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1722 Orleans St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>April 15-1867</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Joseph Magruder</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Brisson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Whitfield Lee</i>		ADDRESS <i>1722 Orleans</i>	

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lobar Pneumonia</i> (A) <i>Toxemia</i> (B) <i>Toxemia</i> (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 3</i> 19 <i>50</i> , to <i>Nov 4</i> 19 <i>50</i> , that I last saw the deceased alive on <i>Nov 4</i> 19 <i>50</i> , and that death occurred at <i>9</i> P.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Edward Fisher</i>		23B. ADDRESS <i>1612 E Monument St</i>		23C. DATE, SIGNED <i>Nov 6/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-9-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt clemency Cem.</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn Md</i>		24E. FUNERAL DIRECTOR <i>Choygo Wilson</i>		24F. ADDRESS <i>1000 Brantley</i>	

CERTIFICATE OF DEATH

DATE OF DEATH

1900

1. Name of deceased
2. Sex
3. Age
4. Date of birth
5. Place of birth
6. Date of death
7. Place of death
8. Cause of death
9. Signature of physician
10. Signature of registrar
11. Signature of informant

J-525
50 9573

50 9573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Johnson		Nov 5, 1950	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence)			
A. Baltimore City, Maryland		A. STATE Md			
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY			
2134 Brunt St		C. CITY OR TOWN Balto			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		2134 Brunt St			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
F	C	Single	May 6, 1897	53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic				Md	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		17. INFORMANT ADDRESS	
Samuel Johnson		Mary Hurley		Naomi Lyones 551 Bloom St	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		20. AUTOPSY?	
		212-07-3680		YES <input type="checkbox"/> NO <input type="checkbox"/>	
18. 422.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Cardio Vascular Disease		9 mo's	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 16, 1950, to Oct 5, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William Frey		1928 Penna Ave		11/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-9-50		St Peters cem	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		25. FUNERAL DIRECTOR ADDRESS	
Baltimore		Md		Geo. S. Nelson, 1303 Pruitman St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 8 - 1950		Huntington Williams		Geo. S. Nelson, 1303 Pruitman St	
VS 150		7208A		093d	

M-320

50

9574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9574

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Mathews

2. DATE
OF
DEATH

Nov. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1321 Madison Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1321 Madison Ave, Balto. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

1321 Madison Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

May 15, 1879

9. AGE (in years last birthday)

71

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

Caroline Co. Va

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elisabeth Wilson 1321 Madison Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

1 Week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Infarction

P

DUE TO

(C) Arteriosclerosis

P

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-15, 1950, to 11-5, 1950, that I last saw the deceased alive on 11-5, 1950, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

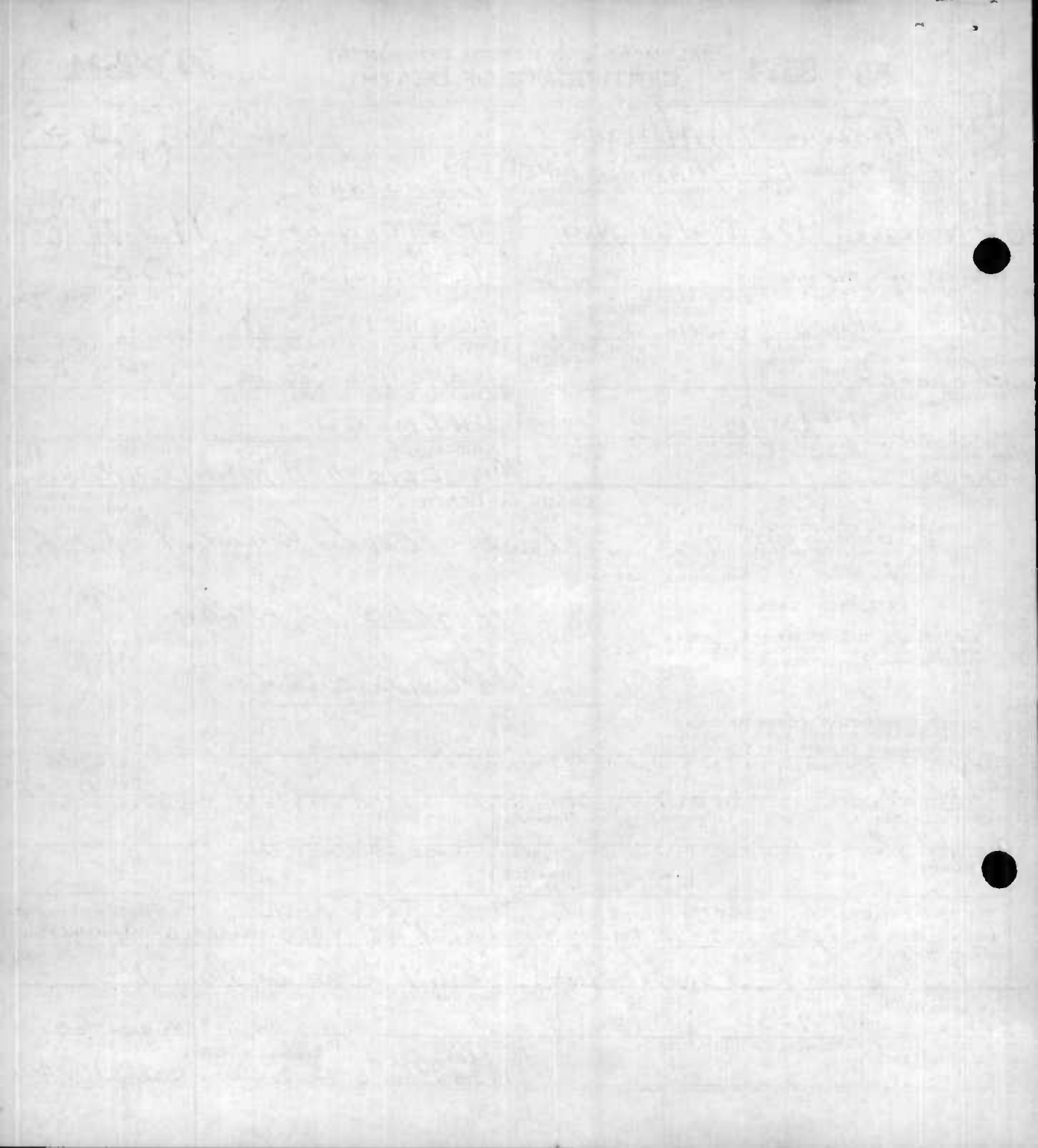
25. FUNERAL DIRECTOR

ADDRESS

NOV 8

George T. A. Gibson Sr.

1735 Druid Hill Ave. Balto. 17, Md.



G-665 9575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

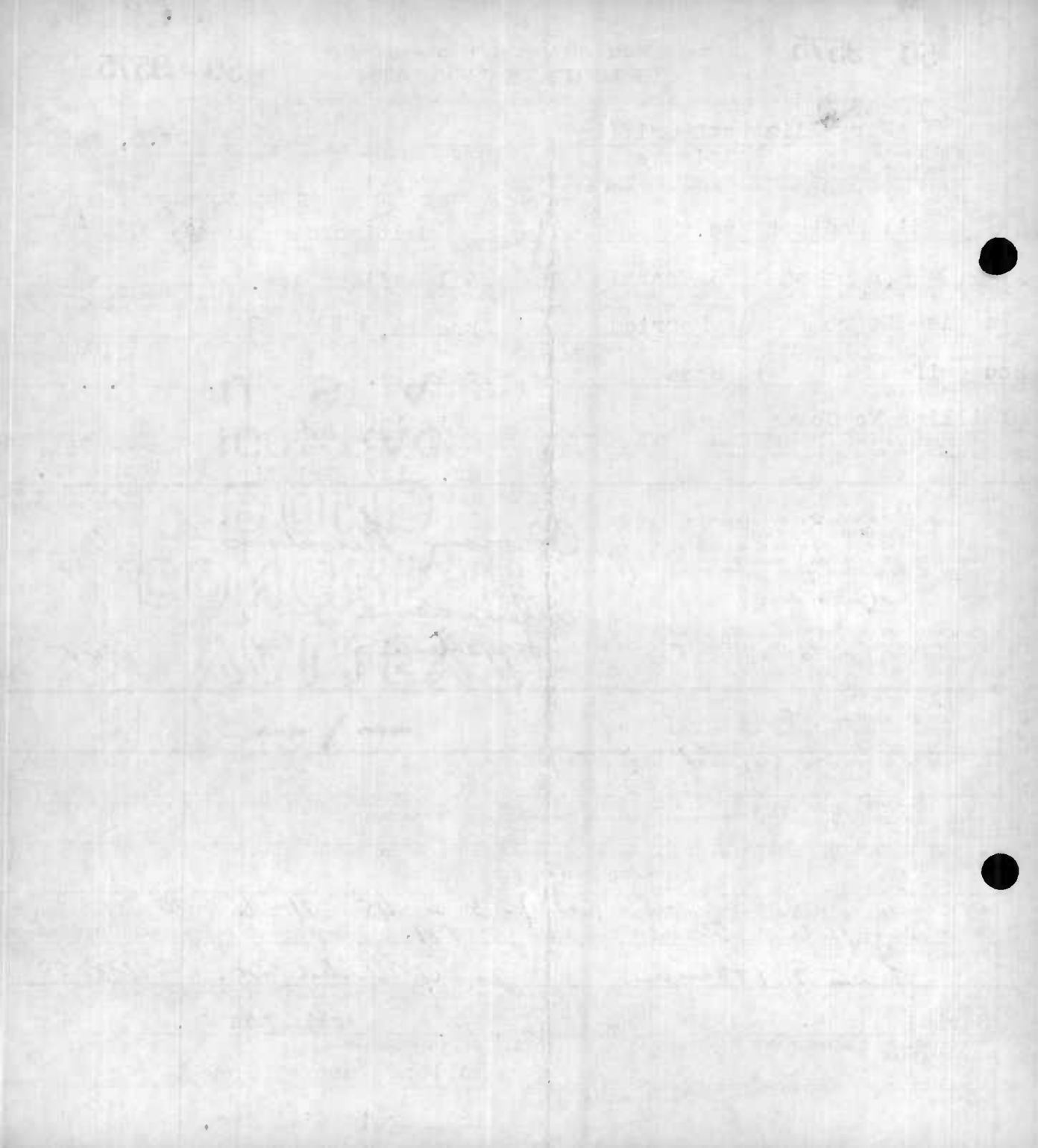
Registered No. 50 9575

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Griffin		2. DATE OF DEATH Nov. 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2511 Madison Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 35 Years		D. STREET ADDRESS (If rural, give location) 2511 Madison Ave.	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 67
13. FATHER'S NAME Willian Mc Cowan		11. BIRTHPLACE (State or foreign country) Irwin Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Lloyd Griffin	
		ADDRESS 2511 Madison Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis & Hypertension		1945
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-3 , 19 45 to 11-6 , 19 50 , that I last saw the deceased alive on 11-6 , 19 50 , and that death occurred at 9 A. m., from the causes and on the date stated above.					
23A. SIGNATURE John S. Houn		23B. ADDRESS 2224 Madison Ave.		23C. DATE SIGNED 11-8-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 9, 1950		24C. NAME OF CEMETERY OR CREMATORY Old Fellows Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Holland Funeral Home		24D. LOCATION (City, town, or county) (State) Arlington Va.	



B-400
59 9576BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9576
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Bell

2. DATE
OF
DEATH

Nov. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 1547 Argyle Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1547 Argyle Ave.

C. Length of stay in Baltimore

40 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

8. DATE OF BIRTH

Sept. 7, 1888

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Lawrenceville Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Moses Bailey

14. MOTHER'S MAIDEN NAME

Cordelia ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Rebecca Rice 619 E. 28th St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiac Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Hemorrhage

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Nov. 6, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 8:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thos. E. Hollidge M.D.

E. Hollidge Md

11-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Nov. 9, 50

Mt. Auburn Cem.

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

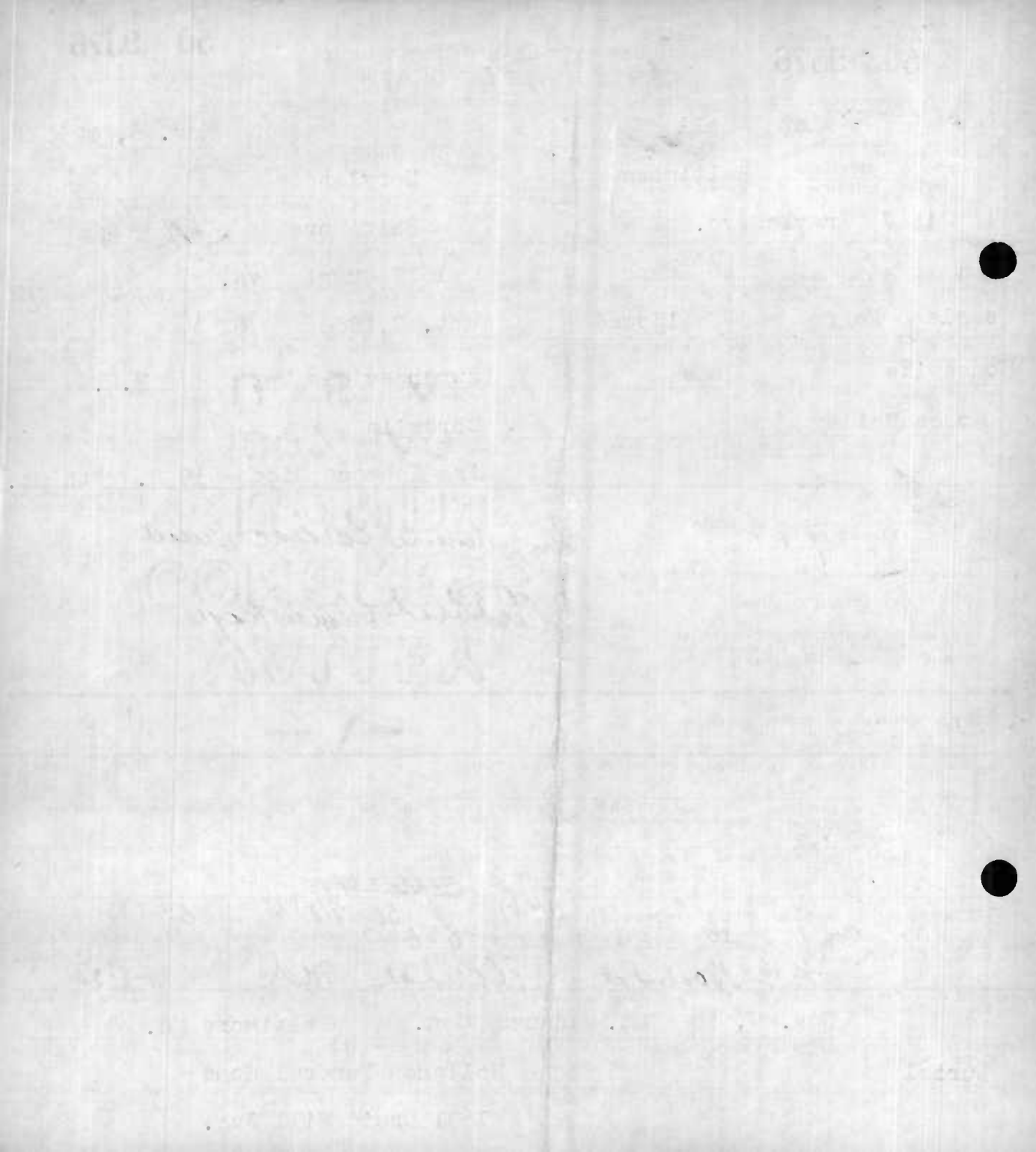
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Holland Funeral Home



K-5200 9577
N.D.-143021BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9577
Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Harvey Gilmore King	
2. DATE OF DEATH 11-7-50	
3. PLACE OF DEATH: a. Baltimore City, Maryland	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue	
c. Length of stay in Baltimore 55 Years	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	
8. DATE OF BIRTH Oct. 15, 1892	
9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas O. King	
14. MOTHER'S MAIDEN NAME Ida Burns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.	
16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records; 4940 Eastern Avenue	

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Tuberculosis**

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1- , 19 50 , to 11-7- , 19 50 , that I last saw the deceased alive on 11-7- , 19 50 , and that death occurred at 5.45a. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-7-50	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-10-1950		24C. NAME OF CEMETERY OR CREMATORY Damascus Methodist		24D. LOCATION (City, town, or county) (State) Montgomery Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <i>[Signature]</i>		ADDRESS 1306 Port Ave.	

544 50

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30 801

INSTITUTION FOR THE DEAF AND BLIND
CITIZENSHIP OF DEATH

30 801

30 801



B-536

50 9578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9578
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen M. Bender

2. DATE
OF
DEATH Nov. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1623 Homestead St.,

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-07

D. STREET ADDRESS (If rural, give location)

1623 Homestead St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 11, 1896

9. AGE (In years
last birthday)

53

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David M. Smith

14. MOTHER'S MAIDEN NAME

Elizabeth Dimmick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown)

(If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eutha Hopkins 5004 Lock Raven Blvd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

(B) *CERTIFICATION APPROVED BY*
John R. Davis
per: [Signature] M.D.
DUE TO
(C) *CHIEF OR ASST. MEDICAL EXAMINER.*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Hypertensive Cardiovascular disease*

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 5:45A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 11, 1950

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

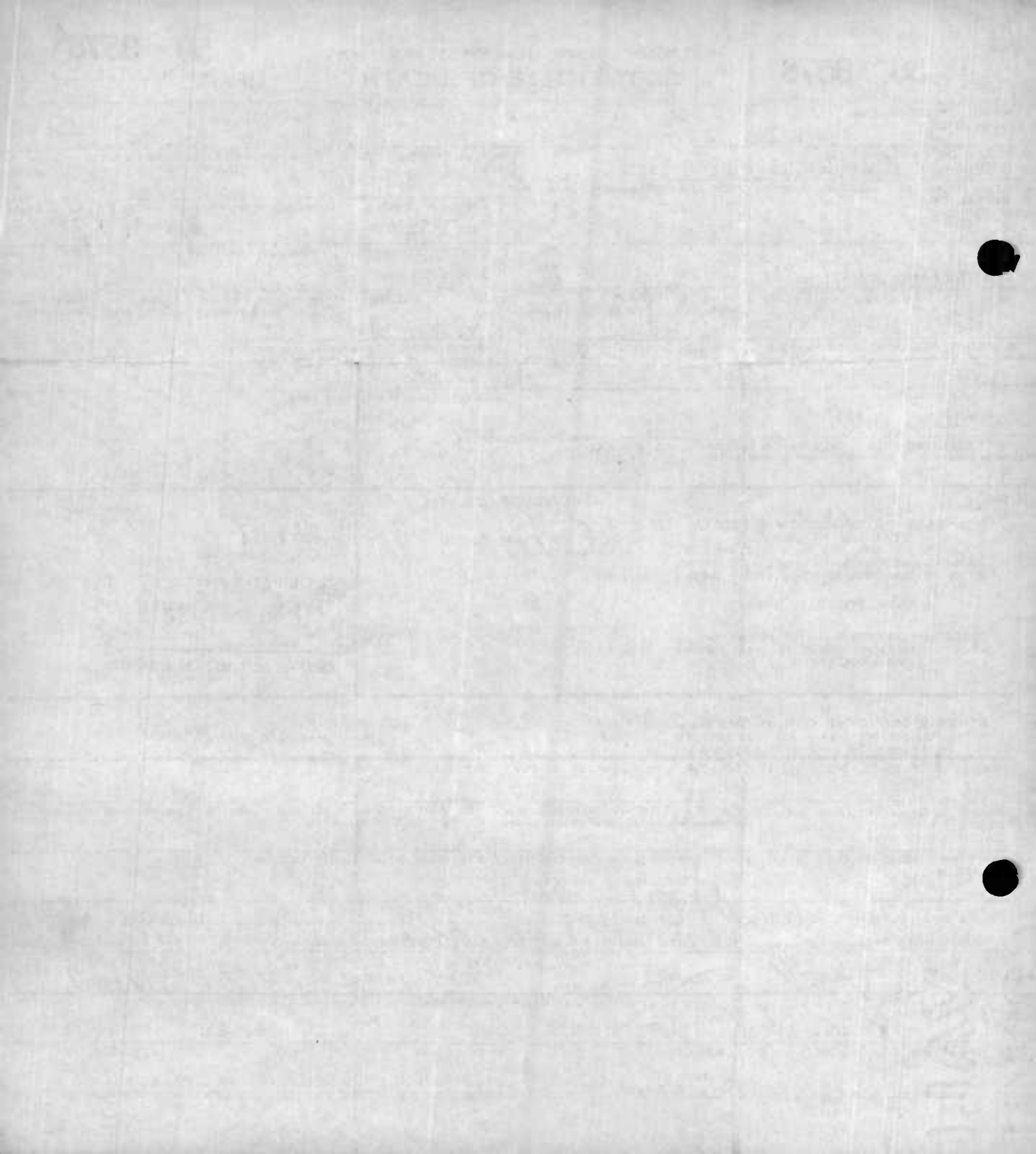
ADDRESS

Ullrich Funeral Home 2008 Orleans St.

VS 150

NOV 8 - 1950

093d



B-450

50 9579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9579
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Blum

2. DATE
OF
DEATH

Nov 6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 15401 Lockwood

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt 27-09

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 2 1896

9. AGE (In years
last birthday)

54

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Roth

14. MOTHER'S MAIDEN NAME

Augusta Lese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M. Edwin Blum 1540 Lockwood

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma right lung + pleura

8 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 3-23-1950 to 11-6-1950, that I last saw the
deceased alive on 11-6-1950 and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Milton C. Lang

23B. ADDRESS

M. O.

2117 Belair Rd

23C. DATE SIGNED

11-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 9/50, Lockwood

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Milton C. Lang (Harris 2001) Orla

VS 150

NOV 8 - 1950

047d

MEDICAL CERTIFICATION

0750 02

0750 02



C-265
50 9580BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9580

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Cochran

2. DATE
OF
DEATH

II/6/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

I54I S Charles St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR INDUSTRY

Baking Co. (W)

13. FATHER'S NAME

John Tierney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Feb. 5

9. AGE (In years, last birthday)

68

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Burns

17. INFORMANT

ADDRESS

Anna M. Anderson I7 E. Fort Ave.

18. 196X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Sarcoma - Left Femur

INTERVAL BETWEEN ONSET AND DEATH

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1950, to Nov 6, 1950 that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 6P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

II/9/1950

Cathedral

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Flynn & Fleming I426 Light St.

NOV 8 - 1950

Christington Williams, M.D.

690 44

0556

NO 5550

DEPARTMENT OF DEATH

NO 5550

James Thompson

James Thompson

S-312
50 9581BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9581
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY STEPICICH

2. DATE
OF
DEATH

Nov. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 924 N. Belnord Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

924 N. Belnord Ave.

C. Length of stay in Baltimore

71 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 24, 1879

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Zitnik

14. MOTHER'S MAIDEN NAME

Josefa Killian

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Stepcich, son, 924 N. Belnord Ave.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

(B)

Chr. Myocarditis

DUE TO

(C)

Generalized Arterio-Sclerosis

INTERVAL BETWEEN
ONSET AND DEATH

11-5-50

5-2346

5-146

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23 1950, to 11-6-1950, that I last saw the
deceased alive on 11/6, 1950, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

1978

30

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, NEW YORK

1978



R-551
50 9582BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 9582
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE RONNENBERG

2. DATE
OF
DEATH

11/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

U. H.

HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

male nurse

10B. KIND OF BUSINESS OR INDUSTRY

State Hospital

13. FATHER'S NAME

Frederick Ronnenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

212-12-9377

17. INFORMANT

Mrs Dorothy Folker

Address

Catonville Md

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Congestive heart failure
DUE TO pulmonary edema
(B) Arteriosclerotic heart disease
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

M.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/7, 1950, to 11/8, 1950 that I last saw the deceased alive on 11/8, 1950 and that death occurred at 12:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Clavin M. Hubbard M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/11/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS. 150
NOV 8 - 1950

05F 8T

093d

George Washington University

Washington, D.C.

April 10, 1966

Dear Mr. [Name]:

I am writing to you regarding the [Topic].

The [Topic] is a very important [Topic].

I have been thinking about [Topic] for some time.

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

I am sure that you will find this [Topic] very [Topic].

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9583
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE DONTELL

2. DATE

OF DEATH November 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

Frederick Ave. and Poplar Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1/12/1872

9. AGE (In years

last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR

INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry Jogerite

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL

SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Clara Wall Ellicott City, Md.

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Post traumatic shock following
fracture of left humerous and
fracture of pelvis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive arteriosclerotic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Frederick Ave. and Belgrove Road

21D. TIME (Month) (Day) (Year) (Hour)

November 6, 1950 10p m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Brown

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/9/50

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

24D. LOCATION (City, town, or county)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Easton Sons Catonsville, Md.

NOV 8 - 1950

N 808.0

170c

H-156
50 9584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9584

BIRTH NO.			2. DATE OF DEATH November 6, 1950		
1. NAME OF DECEASED (Type or Print) MICHAEL F. HEPNER					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50			D. STREET ADDRESS (If rural, give location) 515 S. Ann Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 15, 1886	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper			10B. KIND OF BUSINESS OR INDUSTRY Railroad		
13. FATHER'S NAME William Hepner			14. MOTHER'S MAIDEN NAME Catherine Hisn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Mrs. Theresa Hepner, 515 S. Ann Street		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic cardiovascular disease DUE TO (A) arteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/9/50		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1950		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS W. F. Sadowski & Sons, 1808 Eastern Avenue	

VS 151
69050 093d Charles D. Sadowski

50. 5004

CERTIFICATE OF DEATH

1800

50

65 50 9585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 9585

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucille I. Krierim (KRIERIM)

2. DATE
OF
DEATH

Nov. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

13. FATHER'S NAME

Rufus Lamp

8. DATE OF BIRTH

2-19-04

9. AGE (In years
last birthday)

46

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTH PLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ethel Altick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 710.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Scleroderma

DUE TO

25 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Lauzence of feet & fingers

2 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1950, to 11/8, 1950, that I last saw the
deceased alive on 11/8, 1950, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

11-8-50

Kingsport Tenn

Kingsport, Tenn

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1950

T. W. Williams, M.D.

Wm. Cook Inc

1217 St. Paul St.

STATE OF NEW YORK
COMMISSIONER OF DEATH

STATE OF NEW YORK
COMMISSIONER OF DEATH

20

20

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20

20

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20



435

50 9586

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 9586

1. NAME OF DECEASED (Type or Print)

SAMUEL GOLDMAN

2. DATE OF DEATH

11-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4366 Park Heights Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

49

D. STREET ADDRESS (If rural, give location)

4366 Park Heights Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

furrier

10B. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

Gatal

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Rebecca Goldman - same

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Bronchitis

DUE TO

10 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2 1950, to Nov 8, 1950, that I last saw the deceased alive on Nov 8, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rebecca Goldman

23B. ADDRESS

3700 Vash Key Rd a

23C. DATE SIGNED

Nov 9 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

11-9-50

24B. DATE

Rosedale

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county) (State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 9 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR ADDRESS

Jack Lewicki 2100 Cutwood Rd

VS 150

2906E

094a

MEDICAL CERTIFICATION

Kolman
3700 Park Heights

052
0 9587

FreienseNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 9587
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie K. FreienseNER

2. DATE
OF
DEATH

Nov 6 / 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3725 Brooklyn*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt 25-04

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3725 Brooklyn Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

June 11 / 1883

9. AGE (in years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

August Close

14. MOTHER'S MAIDEN NAME

Kathleen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Karl C. Hanselma 1800

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ... *Coronary Heart disease* ...
DUE TO

ANTECEDENT CAUSES

(B) ... *Hypertension* ...
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Nov 16, 1950* to *Nov 16, 1950*, that I last saw the deceased alive on *11/16/50* and that death occurred at *4 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

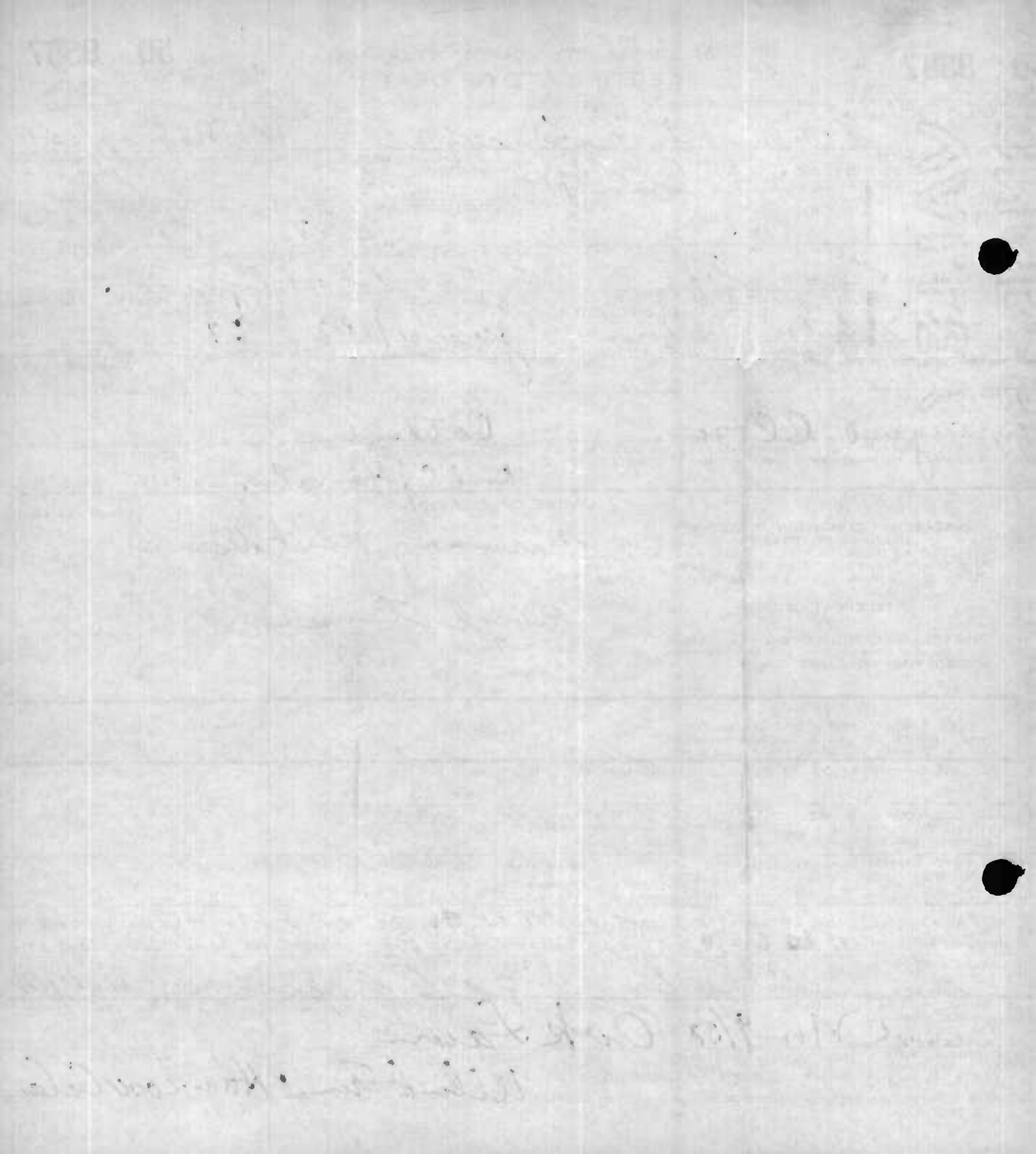
25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1950

Washington Williams

William H. Horne 2000 Calver



050 9588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9588
Registered No.

BIRTH NO. 501-24753		1. NAME OF DECEASED (Type or Print) Baby girl Brewer A-81546		2. DATE OF DEATH NOV 5 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Md. b. COUNTY 1-05			
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2102 BANK ST			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 11-3-50		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Clifford Brewer			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL			
18. 760.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY (A) DUE TO		CAUSE OF DEATH meningitis (B) DUE TO intracranial hemorrhage (C)		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-3-1950 to 11-5-1950 that I last saw the deceased alive on 11-5-1950, and that death occurred at 7:00 A.M., from the causes and on the date stated above.					
23a. SIGNATURE J. G. Kasler		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Hop. Disposal	
24d. LOCATION (City, town, or county) (State)		DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS			

0228

02

STATE OF NEW YORK
IN SENATE
JANUARY 10, 1912

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 9589**

1. NAME OF DECEASED (Type or Print) WILLIAM H. JACKSON		2. DATE OF DEATH November 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Wicomico	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 108 Lake St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 8, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capt. Tug Boat		10B. KIND OF BUSINESS OR INDUSTRY Transportation	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Jackson		14. MOTHER'S MAIDEN NAME Belle Hart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. 217-03-809	
17. INFORMANT Mr. Raymond H. Jackson - 3503 Liberty Hgt		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley H. Quisenberry, M.D.		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED 11-8-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/10/50	
24C. NAME OF CEMETERY OR CREMATORY Clarksburg		24D. LOCATION (City, town, or county) (State) Amburg, Va.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1950		REGISTRAR'S SIGNATURE Washington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. J. Tinkner & Sons - Balto.		ADDRESS	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1888

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9590

Registered No.

50 9590
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES F. BEHRENS

2. DATE OF DEATH **Nov. 7, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3703 Piedmont Ave.

HOSPITAL OR

INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3703 Piedmont Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 24, 1868

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

President (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Behrens

14. MOTHER'S MAIDEN NAME

Amelia --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Hall Hammond - 204 Davison Bldg.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Branchopneumonia - terminal acute - angina pectoris, and myocardial insufficiency*
DUE TO
(B) *arteriosclerosis - coronary and cerebral - advanced*
DUE TO
(C)

1 week Primary 5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

24 E. Eager St.

23C. DATE SIGNED

Nov 7, '50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/10/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem. Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 9 - 1950

REGISTRAR'S SIGNATURE

Wm. J. Lickens

25. FUNERAL DIRECTOR

Wm. J. Lickens

ADDRESS

Wm. J. Lickens

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525
0 9591MAMIE HENSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9591

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Mamie Henson</i>			2. DATE OF DEATH <i>Nov 6 - 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Wd</i> C. CITY OR TOWN (If outside corporate limits, write full R.L. and give township) <i>Baltimore Wd</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1213 Madison Ave.</i>			D. STREET ADDRESS (If rural, give location) <i>1213 Madison Ave</i>		
c. Length of stay in Baltimore <i>20</i> Yrs. Mos. Days			8. DATE OF BIRTH <i>Dec 30 1896</i>		
5. SEX <i>Female</i>			9. AGE (In years, last birthday) <i>53 54</i>		
6. COLOR OR RACE <i>Colored</i>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>			11. BIRTHPLACE (State or foreign country) <i>Meriton Wd</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>RESTAURANT</i>			14. MOTHER'S MAIDEN NAME <i>Mamie Acree</i>		
13. FATHER'S NAME <i>Robert Acree</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Olga Harris (daughter)</i>		
18. <i>331X</i>			ADDRESS <i>1213 Madison Ave</i>		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>331X</i>			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Essential Hypertension</i> DUE TO (C) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
22. I hereby certify that I attended the deceased from <i>November 1, 1950</i> , to <i>Nov 6, 1950</i> , that I last saw the deceased alive on <i>Nov 4, 1950</i> , and that death occurred at <i>11:45 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ernest R. Julian</i>			23B. ADDRESS <i>1207 Madison Ave</i>		
23C. DATE SIGNED <i>11-8-50</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Nov 10/50</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>			24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 9 - 1950</i>			REGISTRAR'S SIGNATURE <i>W. A. Brooks</i>		
25. FUNERAL DIRECTOR <i>W. A. Brooks</i>			ADDRESS <i>14637 Camp St</i>		

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

656
50 9592MARNER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9592
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nora MARNER

2. DATE
OF
DEATH

Nov. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2112 Paulista St.

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

Cauc

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

13. FATHER'S NAME

Philip Baytop

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Oct 9, 1899

9. AGE (In years -
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Susan P.

17. INFORMANT

ADDRESS

Philip Marnier 2112 Paulista St.

18. 194X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of uterus

3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Secondary Anemia

1 mos

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1950, to Nov. 6, 1950, that I last saw the
deceased alive on Nov. 6, 1950, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1950

Huntington Williams, M.D.

Joseph L. Rumm

1200 McCulloch St.

La 45-68

9593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9593

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARGARET ROBINSON		NOV 7 1950	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland D.O.A. Acc. Room		A. STATE MARYLAND			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
JAMES HOPKINS HOSPITAL		BALTIMORE			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		502 N. CALHOUN ST.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
FEMALE	COLORED	MARRIED	2-12-12	38	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Domestic		Domestic		Pa.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
John Turner		Daisy		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No		None		JAMES HOPKINS HOSPITAL	

18. 231X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Central hemorrhage re Thrombosis		?	
DUE TO		(B)		DUE TO	
DUE TO		(C)		DUE TO	
DUE TO		(D)		DUE TO	
DUE TO		(E)		DUE TO	
DUE TO		(F)		DUE TO	
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DUE TO		(H)		DUE TO	
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DUE TO		(K)		DUE TO	
DUE TO		(L)		DUE TO	
DUE TO		(M)		DUE TO	
DUE TO		(N)		DUE TO	
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DUE TO		(V)		DUE TO	
DUE TO		(W)		DUE TO	
DUE TO		(X)		DUE TO	
DUE TO		(Y)		DUE TO	
DUE TO		(Z)		DUE TO	
DUE TO		(AA)		DUE TO	
DUE TO		(AB)		DUE TO	
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DUE TO		(JI)		DUE TO	
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DUE TO		(JK)		DUE TO	
DUE TO		(JL)			

1983

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ALBANY, N.Y.

IN SENATE

January 11, 1983

1983

RECEIVED

[Faint, mostly illegible text follows, appearing to be a memorandum or letter. Two large black circular marks are visible on the right side of the page.]

512
0 9594BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9594

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY ANNA HEIMBACH			2. DATE OF DEATH 11-7-50		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write TERRA and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 3005 Fort Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/12/69		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ? Muth -			14. MOTHER'S MAIDEN NAME Dorothy - 2		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Andrew Heimback - 3505 Fort Ave		

18. 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatous (A) _____ DUE TO	CAUSE OF DEATH Carcinoma - primary site undetermined (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/14/50 , 19 50 , to 11/7/50 , 19 50 , that I last saw the deceased alive on 11/7/50 , 19 50 , and that death occurred at 10:00 p. m., from the causes and on the date stated above.					
23a. SIGNATURE William F. Rodger M. D.		23b. ADDRESS 1400 Park St.		23c. DATE SIGNED 11/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 11-11-50		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24d. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Lilly & Zent			
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1950		REGISTRAR'S SIGNATURE William F. Rodger		ADDRESS 403 S. Wolfe St	

If possible, please state a
more definite anatomical
location of the malignant tumor

"no data ascertainable" For query answer,
See Document File 50-9594

11-15-50 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9595
Registered No.

600
50 9595
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Harr			2. DATE OF DEATH Nov. 7, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1425 Gusryan Street					
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Oct. 10, 1885		
9. AGE (In years last birthday) 65			10. UNDER 1 Year Months: Days: Hours: Min.		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME (D)			14. MOTHER'S MAIDEN NAME (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records- B C Hospitals			ADDRESS 4940 Eastern Ave.		

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular Accident		2 weeks	
DUE TO					
ANTECEDENT CAUSES		(B) Static Pneumonia		3 to 5 Days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Hypertension		Unknown	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-2 , 1950, to 11-7 , 1950, that I last saw the deceased alive on 11-7 , 1950, and that death occurred at 1:10 PM , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. J. Rogers</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-8-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-10-50		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR <i>William Williams</i>		24F. ADDRESS 403 S. Wolfe Street	

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50 3500

CERTIFICATE OF DEATH

50 3500

1. Name of deceased: [illegible]

2. Date of death: [illegible]

3. Place of death: [illegible]

4. Cause of death: [illegible]

5. Signature of physician: [illegible]

6. Signature of registrar: [illegible]

7. Date of registration: [illegible]

8. Place of registration: [illegible]

9. Name of registrar: [illegible]

10. Signature of registrar: [illegible]

11. Date of registration: [illegible]

12. Place of registration: [illegible]

216
0 9596BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9596

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Victor E. Neuschaefer			2. DATE OF DEATH 11-9-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3508 E. Fairmount Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3508 E. Fairmount Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-16-88	9. AGE (In years, last birthday) 62	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter			10B. KIND OF BUSINESS OR INDUSTRY CONJ		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Julius Neuschaefer			14. MOTHER'S MAIDEN NAME Catherine ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Rita Warwick			ADDRESS 3508 Fairmount Ave		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ARTERIO SCLEROSIS, GENERALIZED DUE TO (C) PULMONARY HEMORRHAGE CHRONIC MYOCARDITIS	INTERVAL BETWEEN ONSET AND DEATH 30 YRS 2-4 YRS. 30 YRS. 8 MOS
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9 OCT**, 19**50**, to **9 NOV**, 19**50**, that I last saw the deceased alive on **8 NOV**, 19**50**, and that death occurred at **3:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Benjamin H. Hester	23B. ADDRESS M. D. 121 S. HIGHLAND AVE	23C. DATE SIGNED NOV 9, 1950
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11-11-50	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1950	REGISTRAR'S SIGNATURE William H. Hester	25. FUNERAL DIRECTOR William H. Hester	ADDRESS 403 S. Wolfe Street
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W. J. Thompson

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50 9597BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9597
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Poggie

2. DATE
OF
DEATH

Nov 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Pine Resting Home.

C. CITY OR TOWN

(If outside corporate limits, write LOCAL and give township)

Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

5211 Craig Ave

6. Length of stay in Baltimore

46 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

15. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Victor Poggie 519 Manner Rd

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of breast (left)
with generalized metastasis

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Nov. 8, 1950, that I last saw the
deceased alive on Nov. 7, 1950, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd P. Taylor

M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Nov. 9, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Joseph Kadushin Jr.

ADDRESS

Baltimore Md

OV 9-1950

52 9598 BIRTH NO.		11-15-50		50 9598		Registered No.	
1. NAME OF DECEASED (Type or Print) JOSEPH J. HROMCHO PFC USMC				2. DATE OF DEATH November 9, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1822 S. Taylor Street			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 7, 1929	9. AGE (in years last birthday) 22 21	10 Under 1 Year Months Days	11 Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PFC			10B. KIND OF BUSINESS OR INDUSTRY USMC		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Hromcho				14. MOTHER'S MAIDEN NAME Mary Podlesny			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO.		17. INFORMANT U.S.M.C.		ADDRESS	
18. E 819.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures of skull, ribs, and extremities (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) A.A.Co. 52-00 Branch Road Old Light Street 100' north of Furnace			
21D. TIME (Month) (Day) (Year) (Hour) November 9, 1950 4:05 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto ran into culvert (passenger)			
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. S. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 9, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE Nov. 11, 1950		24C. NAME OF CEMETERY OR CREMATORY PHILADELPHIA Pa.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1950		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR B. G. Hopping & Son		ADDRESS Annapolis, Md.	

MEDICAL CERTIFICATION

MINISTRE DE LA SANTE
CERTIFICATE OF DEATH

Province of Ontario

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of coroner		11. Signature of registrar		12. Signature of witness	

13. Name of deceased		14. Sex		15. Age	
16. Date of death		17. Time of death		18. Place of death	
19. Cause of death		20. Manner of death		21. Signature of physician	
22. Signature of coroner		23. Signature of registrar		24. Signature of witness	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9599

Registered No. _____

620
9599
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNE WINCHESTER WHITE MYERS		2. DATE OF DEATH November 8, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 3923 Canterbury Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own	9. AGE (In years last birthday) 38 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME W. Winchester White		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Rebecca Norris Levering	
17. INFORMANT W. Winchester White		ADDRESS Same	

MEDICAL CERTIFICATION

18. E978X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Multiple fractures and DUE TO _____ (B) Shock DUE TO _____ (C) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____ _____ _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____ _____ _____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Bridge		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 29th St. Bridge, Falls Rd. & 29th St.
21d. TIME (Month) (Day) (Year) (Hour) November 8, 1950 1:40 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped from bridge into shallow stream below
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE RS Fisher		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED 11-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 10-1950	24c. NAME OF CEMETERY OR CREMATORY Green Mount	24d. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR H W Jenkins & Sons 4905 York		
		ADDRESS 1642 RP		

152
9600BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9600

1. NAME OF DECEASED (Type or Print) John B. Kavanagh		2. DATE OF DEATH 11/7/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland St Agnes Hosp.		4. USUAL RESIDENCE (Where deceased lived, If institutional residence before admission) A. STATE MD B. COUNTY 12-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION St Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 304E 31st St	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Jenkins Memorial	
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-1-1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman		10B. KIND OF BUSINESS OR INDUSTRY (R)	9. AGE (In years last birthday) 49
13. FATHER'S NAME John Peter Kavanagh		11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 088015498	14. MOTHER'S MAIDEN NAME Elizabeth Burns
18. 191X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		17. INFORMANT Jeanette O Kavanagh ADDRESS	
ANTECEDENT CAUSES		CAUSE OF DEATH 304-E 31st St	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 1 year	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Jan 1950		19B. MAJOR FINDINGS OF OPERATION Squamous Cell Carcinoma of face	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 7 , 19 50 , to Nov 7 , 19 50 , that I last saw the deceased alive on Nov 7 , 19 50 , and that death occurred at 4:50P m., from the causes and on the date stated above.			
23A. SIGNATURE W. H. Conway		23B. ADDRESS St Agnes Hosp. Baltimore 29	
23C. DATE SIGNED 11/7/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 10-1950	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9-1950		25. FUNERAL DIRECTOR E. H. Worth ADDRESS Remacost	

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516
9601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9601
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Venda Humphrey</i>		2. DATE OF DEATH <i>Nov. 8, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Bldg.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Fla.</i> B. COUNTY <i>V-08</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JONES HOPKINS HOSPITAL</i>		C. CITY OF TOWN (If outside corporate limits, write RURAL and give township) <i>Gainesville</i>	
c. Length of stay in Baltimore <i>1</i> <small>Yrs. Mos. Days</small>		D. STREET ADDRESS (If rural, give location) <i>1201 N. E. 4th St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-25-1890</i>
9. AGE (In years last birthday) <i>51</i>		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Insurance</i> B. KIND OF BUSINESS OR INDUSTRY <i>Gulf Life Ins. Co.</i>	
11. BIRTHPLACE (State or foreign country) <i>Fla.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William Humphrey</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Mc Collum</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Acute poststen myocardial infarction</i> DUE TO <i>Coronary Artery Sclerosis</i>		CAUSE OF DEATH <i>JONES HOPKINS HOSPITAL</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-8-</i> , 19 <i>50</i> to <i>11-8-</i> , 19 <i>50</i> ; that I last saw the deceased alive on <i>11-8-</i> , 19 <i>50</i> , and that death occurred at <i>5:05 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John O. Mitchell</i>		23B. ADDRESS <i>JONES HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-10-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Melbourne, Fla.</i>	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 9 - 1950</i>		24F. REGISTRAR'S SIGNATURE <i>John O. Mitchell</i>	
24G. FUNERAL DIRECTOR		24H. ADDRESS <i>1900 Eutaw Pl.</i>			

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RECORDS OF THE

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520
50 9602BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9602

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Thomas</i>		2. DATE OF DEATH <i>Nov. 7/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>3-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bar-Wil- Ba Convalescent Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>1126 Watson Street</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Unknown</i>	9. AGE (In years last birthday) <i>75-?</i>	If Under 1 Year Months: <i>0</i> Days: <i>0</i> Hours: <i>0</i> Min: <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Unknown</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>E. Williams 2101 W. Cold Spring</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Hypertensive Cardio-vascular Disease</i> DUE TO <i>(B) Pneumonia</i> DUE TO <i>(C)</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>3 days</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>Nov 3, 1950</i> , to <i>Nov 7, 1950</i> , that I last saw the deceased alive on <i>Nov 3, 1950</i> , and that death occurred at <i>7:30 a.m.</i> from the causes and of the date stated above.		23A. SIGNATURE <i>Th B Johnson</i>	
23B. ADDRESS <i>403 Madison Bg</i>		23C. DATE SIGNED <i>11-7-50</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>November 10-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mount Auburn Cemetery Baltimore City Maryland</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore City Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 9-1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Miss Lotie Gross 1408 Ashland Ave</i>	

CERTIFICATE OF DEATH

30

8003

6-32650 9603

Dr. De Hoff

BALTIMORE CITY HEALTH DEPARTMENT

50 9603
Registered No.

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Henry H. Edgar

2. DATE
OF
DEATH

Nov. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2605 Gibbons Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2605 Gibbons Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 29, 1868

9. AGE (In years
last birthday)

82

10 Under 1 Year 11 Under 24 Hours

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired Steelworker

11. BIRTHPLACE (State or foreign country)

Dorchester, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Edgar

14. MOTHER'S MAIDEN NAME

?

Hopper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Edgar, 2605 Gibbons Ave

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

cancer of stomach

1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

old gastric ulcer

?

DUE TO

(C)

Arterio-sclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1950, to 11/7, 1950, that I last saw the
deceased alive on 11/7, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. De Hoff

M. D.

23B. ADDRESS

2004 K. Charles St.

23C. DATE SIGNED

11/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-10-50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

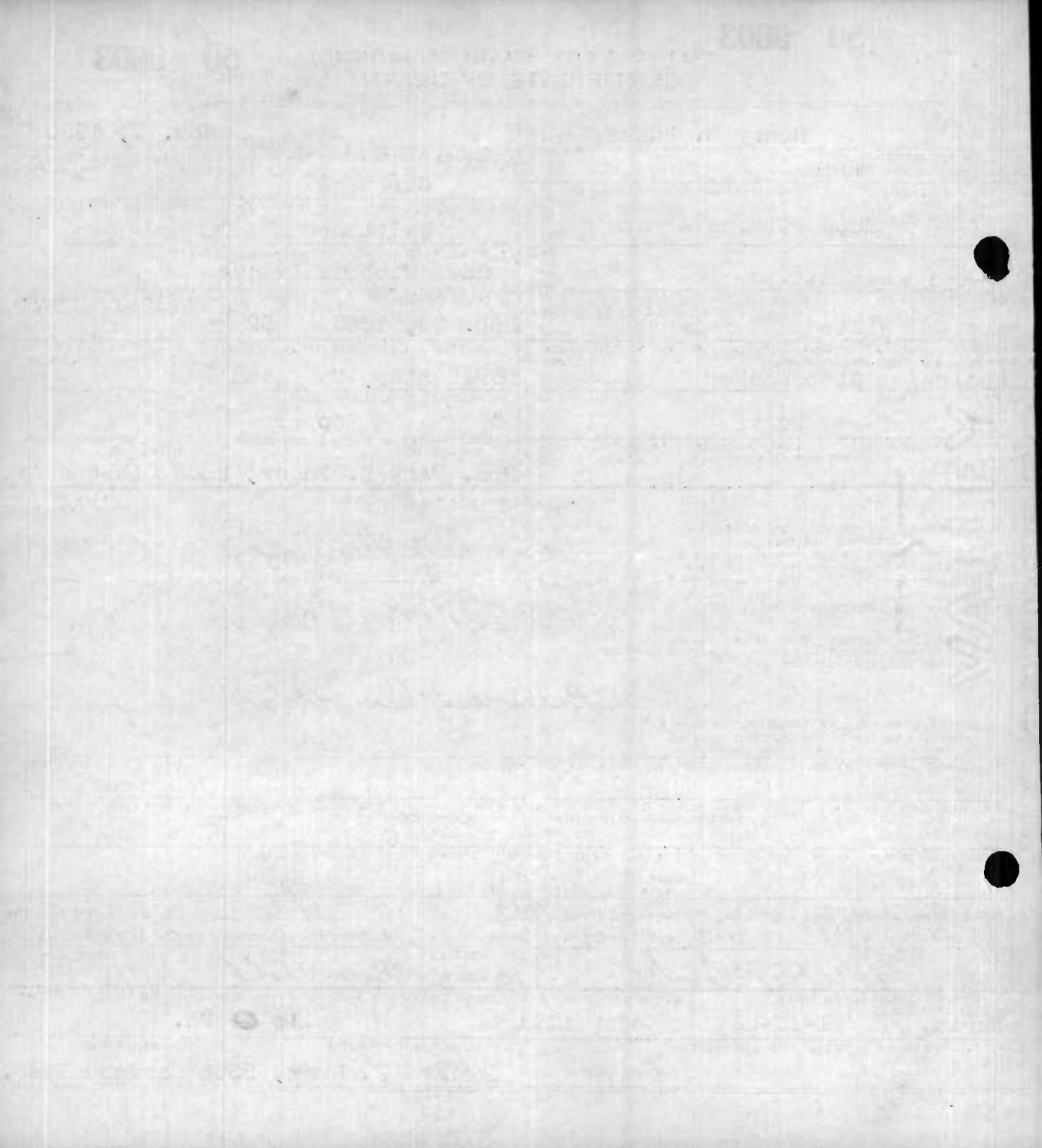
ADDRESS

Leonard J. Ruck, 5305 Harford Road.

NOV 10 - 1950

0466

MEDICAL CERTIFICATION



ES-143132

9604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9604
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward R. Kinstler

2. DATE
OF
DEATH

11-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (Chase)

D. STREET ADDRESS (If rural, give location)

Earle Beach Rd.

5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 3, 1880

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Kinstler

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Av

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

B

Hypertensive Cardiovascular Disease

2 years

DUE TO

A

Dissecting aneurysm of aorta
Cerebrovascular Hemorrhage

3 Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1950, to 11-7, 1950, that I last saw the
deceased alive on 11-7, 1950, and that death occurred at 10:15 P. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

11-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

51547

093d

See Document File 50 - 9604

11-17-50

20

F-620

50

9605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9605

BIRTH NO. 149-14806		1. NAME OF DECEASED (Type or Print) CLYDE L Frech		2. DATE OF DEATH Nov. 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3218 Clifmont St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-01			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3218 Clifmont St. Arc.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 22-1949	9. AGE (In years last birthday) 1	10. If Under 1 Year Months: Days 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Batto Md	
13. FATHER'S NAME Royston Frech		14. MOTHER'S MAIDEN NAME Patricia Van Reuth			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Father - 3218 Clifmont	
18. 391.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Septicemia due to acute otitis media DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 8, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 11/9/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore Md		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR J. Luck		25. ADDRESS 5305 Hayford Rd			

MEDICAL CERTIFICATION

89a

CERTIFICATE OF DEATH
FURNISHED BY HEALTH DEPARTMENT

2002 00 2002

2002 00 2002

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE OF NEW YORK

F-420

50 9606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9606
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES FOLKS

2. DATE
OF
DEATH

11/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Merry Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-0-30

D. STREET ADDRESS (If rural, give location)

1147 Washington Blvd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 26, 1893

9. AGE (In years
last birthday)

56

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mr. Ave. Shop. Bro. R.R.

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

13. FATHER'S NAME

J. FOLKS

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary E. Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Wife

ADDRESS

Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Coronary Cardio. Vasc. D.

DUE TO

Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiac Failure

DUE TO

3 days.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Gastric Resection, Cholelithotomy on 11/3/50

19A. DATE OF OPERATION

11/3/50

19B. MAJOR FINDINGS OF OPERATION

Gastric Ulcer + mental adhesion, cholelithiasis + cholecystitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1950, to Nov. 8, 1950, that I last saw the deceased alive on Nov. 8, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Rennie, Jr., M. O.

23B. ADDRESS

Merry Hospital

23C. DATE SIGNED

11/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/11/50

24C. NAME OF CEMETERY OR CREMATOR

Green Haven Mem.

24D. LOCATION (City, town, or county)

Pitchee Hwy. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. O.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

Hollins St.

NOV 9 1950

VS 150

593 50

117a

MEDICAL CERTIFICATION

1000

1000

1000

1000



13-659607

50 9607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		HELEN		TURNER		BROWN		2. DATE OF DEATH		November 7, 1950	
1. NAME OF DECEASED (Type or Print)											
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY									
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1509 Laurens Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		16-02							
D. STREET ADDRESS (If rural, give location) 1509 Laurens Street		Yrs. Mos. Days									
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 23, 1914		9. AGE (In years last birthday) 36		10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Joseph West		14. MOTHER'S MAIDEN NAME Clara Turpin									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS M's Lucy Church 1509 Laurens St.							
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES (B) Bronchial asthma DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .											
23A. SIGNATURE Stanley A. Dunbar M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11-8-50							
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE NOV 10 1950		24C. NAME OF CEMETERY OR CREMATORY Arbutus Men. Park		24D. LOCATION (City, town, or county) (State) Baltimore Co., Md					
DATE RECEIVED BY LOCAL REGISTRAR V9-1950		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Mrs. Frances A. Hemsley		ADDRESS 523 W. Biddle St.					
VS 151 (Mrs) Frances A. Hemsley 1093 d											

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Division of

1. Name of deceased		2. Service number	
3. Date of death		4. Place of death	
5. Cause of death		6. Nature of wounds or injuries	
7. Name of attending physician		8. Name of certifying officer	
9. Signature of certifying officer		10. Date of certification	
11. Name of next of kin		12. Address of next of kin	
13. Name of funeral home		14. Address of funeral home	
15. Name of cemetery		16. Address of cemetery	
17. Name of burial place		18. Address of burial place	
19. Name of interment place		20. Address of interment place	
21. Name of final resting place		22. Address of final resting place	
23. Name of place of burial		24. Address of place of burial	
25. Name of place of interment		26. Address of place of interment	
27. Name of place of final resting place		28. Address of place of final resting place	
29. Name of place of burial		30. Address of place of burial	
31. Name of place of interment		32. Address of place of interment	
33. Name of place of final resting place		34. Address of place of final resting place	
35. Name of place of burial		36. Address of place of burial	
37. Name of place of interment		38. Address of place of interment	
39. Name of place of final resting place		40. Address of place of final resting place	
41. Name of place of burial		42. Address of place of burial	
43. Name of place of interment		44. Address of place of interment	
45. Name of place of final resting place		46. Address of place of final resting place	
47. Name of place of burial		48. Address of place of burial	
49. Name of place of interment		50. Address of place of interment	
51. Name of place of final resting place		52. Address of place of final resting place	
53. Name of place of burial		54. Address of place of burial	
55. Name of place of interment		56. Address of place of interment	
57. Name of place of final resting place		58. Address of place of final resting place	
59. Name of place of burial		60. Address of place of burial	
61. Name of place of interment		62. Address of place of interment	
63. Name of place of final resting place		64. Address of place of final resting place	
65. Name of place of burial		66. Address of place of burial	
67. Name of place of interment		68. Address of place of interment	
69. Name of place of final resting place		70. Address of place of final resting place	
71. Name of place of burial		72. Address of place of burial	
73. Name of place of interment		74. Address of place of interment	
75. Name of place of final resting place		76. Address of place of final resting place	
77. Name of place of burial		78. Address of place of burial	
79. Name of place of interment		80. Address of place of interment	
81. Name of place of final resting place		82. Address of place of final resting place	
83. Name of place of burial		84. Address of place of burial	
85. Name of place of interment		86. Address of place of interment	
87. Name of place of final resting place		88. Address of place of final resting place	
89. Name of place of burial		90. Address of place of burial	
91. Name of place of interment		92. Address of place of interment	
93. Name of place of final resting place		94. Address of place of final resting place	
95. Name of place of burial		96. Address of place of burial	
97. Name of place of interment		98. Address of place of interment	
99. Name of place of final resting place		100. Address of place of final resting place	

623
9608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9608

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RALPH CHRISTOPHER

2. DATE
OF
DEATH

11-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MA

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY,

before admission)

MARYLAND WICOMICO

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

SALISBURY

D. STREET ADDRESS (If rural, give location)

RT 3

7212

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1928

9. AGE (in years
last birthday)

22

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bus Boy

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HENRY

14. MOTHER'S MAIDEN NAME

CLARA HUNTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Blair Christopher Salisbury Md.

18.

155X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMATOSIS

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) liver, primary site

DUE TO

(C) metastases, etc

(over)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-30, 1950, 11-7, 1950, that I last saw the
deceased alive on 11-7, 1950, and that death occurred at 3:40 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1950

Washington Williams, M.D.

James B. Barfield Salisbury, Md.

When autopsy findings become available,
they indicate primary site, if possible.

If not - then, if possible please state a
more definite anatomical location of
the malignant tumor.

See Document File for autopsy report in full
50-9608

11-15-50

EV

525
9609BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9609

Registered No. _____

BIRTH NO. <u>H-29430</u>		2. DATE OF DEATH <u>November 7, 1950</u>	
1. NAME OF DECEASED (Type or Print) <u>JEAN BETTY DUNCAN</u>		3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>	
B. FULL NAME OF (If not in hospital or institution, give street address of location) <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>765 W. Lexington Street</u>		E. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>4-02</u>	
F. DATE OF BIRTH <u>8/31/1945</u>		G. AGE (In years last birthday) <u>5</u>	
H. SEX <u>female</u>		I. COLOR OR RACE <u>colored</u>	
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		K. DATE OF BIRTH <u>8/31/1945</u>	
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		M. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
N. KIND OF BUSINESS OR INDUSTRY		O. CITIZEN OF WHAT COUNTRY?	
P. FATHER'S NAME <u>Henderson Duncan</u>		Q. MOTHER'S MAIDEN NAME <u>Theresa Keith</u>	
R. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		S. SOCIAL SECURITY NO. <u>1</u>	
T. INFORMANT <u>Theresa Duncan</u>		U. ADDRESS <u>767 W. Lexington</u>	

18. 576x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH 5xDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Purulent peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William H. Sanders</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>Nov. 8, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/11/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem A A Co Md</u>	
24D. LOCATION (City, town, or county) (State) <u>Ind</u>		25. FUNERAL DIRECTOR <u>Rayner Sanders</u>		ADDRESS <u>129 1412 E. Preston St</u>	

Called Medical Exam. Office for cause underlying peritonitis.
He stated "This was not unusual finding in young children;
Several types discovered on plates, but now too late to determine
exact cause, by now overgrown. However, could add pneumococcus"

12/4/50

ES



241
50 9611

50 9611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.			2. DATE OF DEATH Nov. 9, 1950		
1. NAME OF DECEASED (Type or Print) ELWOOD JAMES SHACKELFORD			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Kent		
3. PLACE OF DEATH: A. Baltimore City, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Hall		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.			D. STREET ADDRESS (If rural, give location) 6400		
5. SEX M			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced			8. DATE OF BIRTH 5/16/90		
9. AGE (In years last birthday) 60			10. Under 1 Year Months Days		
11. Under 24 Hours Hours Min.			12. CITIZEN OF WHAT COUNTRY? USA		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bos'n (BOATSWAIN)			10B. KIND OF BUSINESS OR INDUSTRY Seafarer		
13. FATHER'S NAME Washington Shackelford			14. MOTHER'S MAIDEN NAME Genevieve Prickett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. 218-14-5103		
17. INFORMANT Records- US Marine Hospital, Balto, Md.			ADDRESS		

18. 527.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Emphysema, chronic

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 8, 1949, to Nov. 9, 1950 that I last saw the deceased alive on Nov. 9, 1950 and that death occurred at 5:45 Am., from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson 23B. ADDRESS US Marine Hospital, Balto, Md. 23C. DATE SIGNED 11/9/50

24A. BURIAL, CREMATION, DATE OF REMOVAL (Specify) Burial Nov. 12/1950 24C. NAME OF CEMETERY OR CREMATORY Rock Hall Cemetery 24D. LOCATION (City, town, or county) Chestertown Md

DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR Marvin J. Williams - Chestertown, Md.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation		76. Signature of cremation	
77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation		88. Signature of cremation	
89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

420
50 9612BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9612
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lillian Blanche Wallace</i>		2. DATE OF DEATH <i>Nov. 7, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. SEX <i>F</i>		D. STREET ADDRESS (If rural, give location) <i>1509 Holbrook St.</i>	
6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>August 8, 1893</i>	9. AGE (In years last birthday) <i>57</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wife</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Howard Ellwood Clayton</i>		14. MOTHER'S MAIDEN NAME <i>Rose Rock</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT <i>Bernard J. Wallace</i>	
18. <i>420.1</i>		ADDRESS <i>1509 Holbrook St.</i>	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Heart Failure*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Myocardial infarction - acute*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *October 18, 1950* to *November 7, 1950*, that I last saw the
deceased alive on *Nov. 7, 1950*, and that death occurred at *6:50pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>William A. Ruffen</i>		23B. ADDRESS M. D. <i>1100 N. Caroline St.</i>	23C. DATE SIGNED <i>11/7/50</i>
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-11-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Edmondson Ave Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1950</i>	REGISTRAR'S SIGNATURE <i>William A. Ruffen</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>George J. Ruth Inc. - 1735 Hanford Ave.</i>	

1. NAME OF DECEASED (Type or Print) MRS. Ruth STEELE 2. DATE OF DEATH Nov 9 1950

3. PLACE OF DEATH:
 a. Baltimore City, Maryland
 b. FULL NAME OF (If not in hospital or institution, give street address or location) U. H.
 c. Length of stay in Baltimore 9 1/2 Yrs. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MD b. COUNTY Cecil
 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elkton
 d. STREET ADDRESS (If rural, give location) Rural 5734

5. SEX F 6. COLOR or RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept 9 1918 9. AGE (in years last birthday) 32 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) MD 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Walter C Given 14. MOTHER'S MAIDEN NAME Margaret McHabb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. — 17. INFORMANT Murray Steele Elkton MD ADDRESS

18. 201X CAUSE OF DEATH
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
 (A) Hodgkins Disease - extensive 9 yrs.
 DUE TO
 ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
 (B) —
 DUE TO
 (C) —
 II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

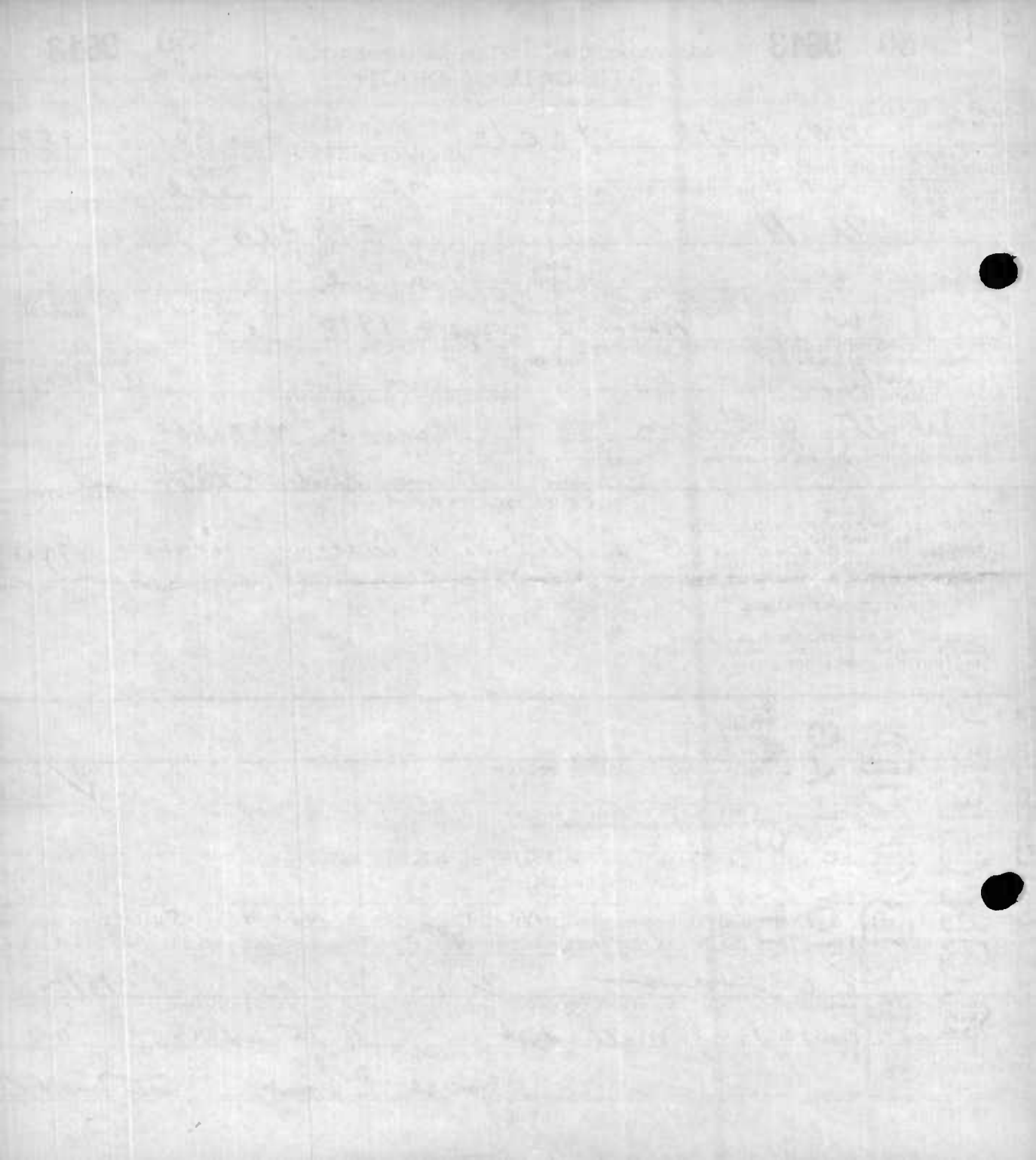
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1 1950, to Nov 9 1950 that I last saw the deceased alive on Nov 9 1950, and that death occurred at 4⁰⁵ P m., from the causes and on the date stated above.

23A. SIGNATURE J. P. O. Plann M. D. 23B. ADDRESS 2120 H. St 23C. DATE SIGNED 11/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Nov 12-1950 24C. NAME OF CEMETERY OR CREMATORY Methodist 24D. LOCATION (City, town, or county) (State) North East Cecil MD

DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950 REGISTRAR'S SIGNATURE Washington Williams 25. FUNERAL DIRECTOR Joseph R. Hunt ADDRESS North East Cecil MD



20 50 9614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9614
Registered No.

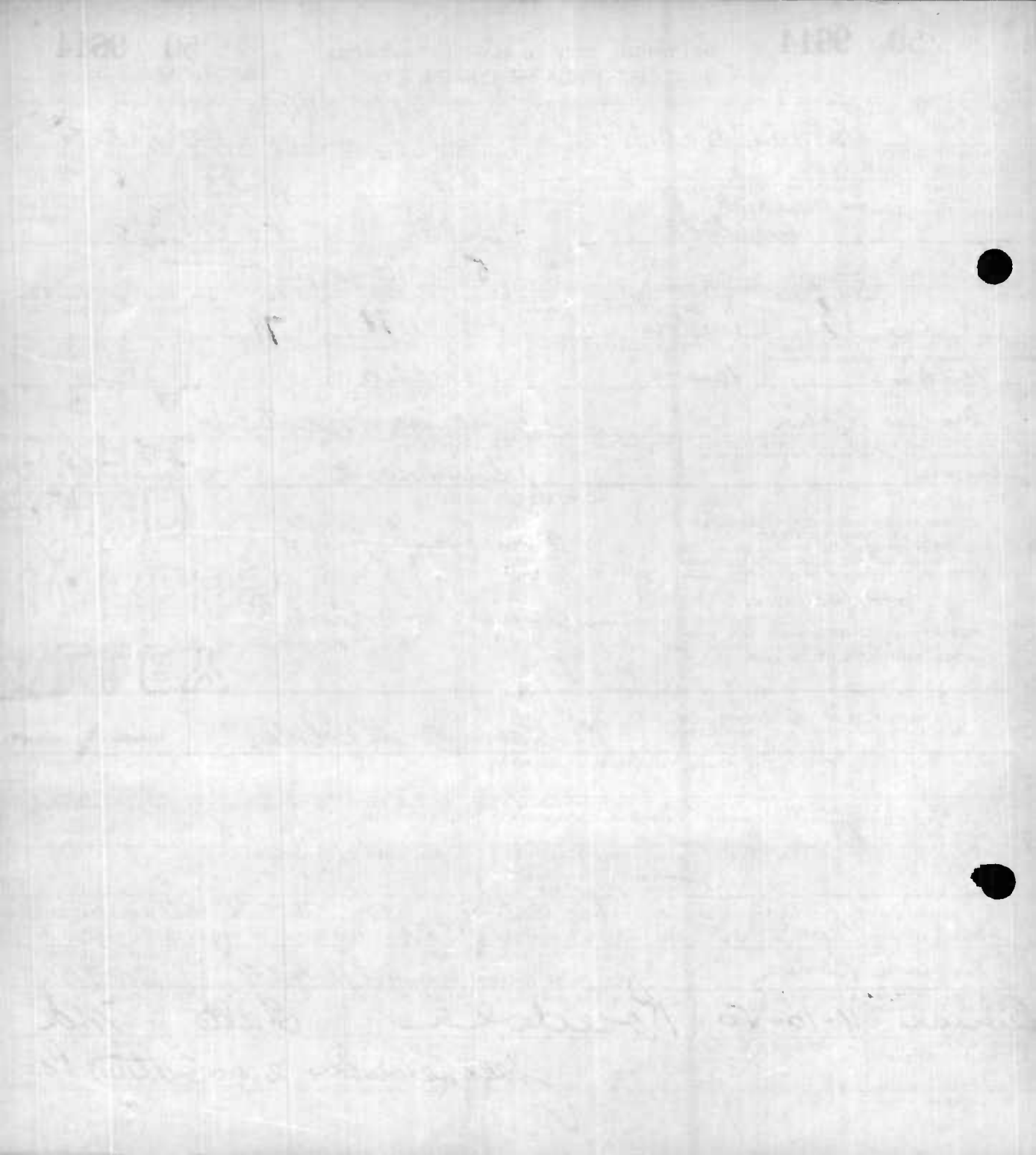
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Nathan Kabik</u>		2. DATE OF DEATH <u>Nov. 9, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>15-04</u>	
C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>2552 Penna. Ave.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Oct. 1878</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Tailor</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Abraham Kabik</u>		14. MOTHER'S MAIDEN NAME <u>Serina Kravtsov</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Simon Kabik</u>		ADDRESS <u>4043 Taney Rd Balto.</u>	

18. <u>420.1 and 181X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>myocardial infarct</u> DUE TO (B) <u>coronary insufficiency</u> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Nephroses & bladder</u>
---	---

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <u>Nov. 8, 1950</u>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 31, 1950</u> to <u>Nov. 9, 1950</u> , that I last saw the deceased alive on <u>Nov 8, 1950</u> , and that death occurred at <u>1:55 Am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Richard Bener</u>		23B. ADDRESS M. D. <u>Union Memorial Hospital</u>		23C. DATE SIGNED <u>Nov. 9, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>11-10-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>		24E. FUNERAL DIRECTOR <u>Jack Lewandowski</u>		24F. ADDRESS <u>2100 Catow Pl</u>	

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50 9615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9615

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Kadish

2. DATE
OF
DEATH

Nov. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

14-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1602 Madison Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)H Under 1 Year
Months Days H Under 24 Hours
Hours Min.

75

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Son - Robert Kadish - Same

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

4 1/2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 P M 11-8-1950 to 11:30 P M 11-8-1950, that I last saw the
deceased alive on 11-8-1950, and that death occurred at 11:30 P M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9616
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EDWARD L. GLYDER		2. DATE OF DEATH 11/9/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 13-01			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Lake Court Apt 2C			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug 22-1899	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst Treas		10B. KIND OF BUSINESS OR INDUSTRY Bay Thread Co		11. BIRTHPLACE (State or foreign country) New York City	
13. FATHER'S NAME Seashon		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Leah Glyder - Same	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) metastatic carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 1 yr
DUE TO (A) metastatic carcinoma of colon		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1949	19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF COLON	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-12**, 19**50**, to **11-9**, 19**50**, that I last saw the deceased alive on **11-9**, 19**50**, and that death occurred at **10:55** A. m., from the causes and on the date stated above.

23A. SIGNATURE **Paul G. Herold** M. O. **Maryland General Hosp** 23B. ADDRESS **11-9-50** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-10-50	24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		REGISTRAR'S SIGNATURE Jack Lewis Jr 25. FUNERAL DIRECTOR ADDRESS 2100 Eutaw Pl	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9617
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE NEWMAN

2. DATE OF DEATH
November 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1701 Ellamont Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

4909 Queensbury Avenue

C. Length of stay in Baltimore

60 Yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1878

9. AGE (In years last birthday)

72

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (State or foreign country)

London, England

12. CITIZEN OF WHAT COUNTRY?
USA.

13. FATHER'S NAME

Moses Louis

14. MOTHER'S MAIDEN NAME

Sarah ???

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Moses Appel- 2436 Linden Avenue

18. 442X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Degenerative Cardio-vascular
renal disease
Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN ONSET AND DEATH
36 hours

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1947 to 11-10-1950, that I last saw the deceased alive on 11-9-1950, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

11/10/50

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

153 50 9618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9618
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PASQUALE Patrick DiPINTO

2. DATE
OF DEATH November 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

15 N. Bradford Street

C. Length of stay in Baltimore

20 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

March 22, 1929

9. AGE (In years
last birthday)

21

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Glazer

10B. KIND OF BUSINESS OR
INDUSTRY

GLAZIER (R)

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Nicola DiPinto

14. MOTHER'S MAIDEN NAME

Assunta Caraffa

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-24-2995

17. INFORMANT

ADDRESS

Mrs. Assunta DiPinto, mother, above

18. E950X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxiation

DUE TO aspiration of foreign object following
extraction of teeth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 8, 1950

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Office

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2129 E. Monument Street

21D. TIME (Month) (Day) (Year) (Hour)

November 8, 1950 11 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of sponge

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

11-8-50

M.D.

MEDICAL INVESTIGATOR.....☒24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

November 11, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.

2801 E. E. Madison St.

VS 151

N935.0

5306P

195D

155
50 9619BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9619
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MARI
CATHERINE HOFFMAN2. DATE
OF
DEATH

11-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

818 N. Rose St #5

C. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

83

8. DATE OF BIRTH

11/20/1866

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Heilman

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Son Joseph P.

qa above

18. 260x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetic gangrene, left foot

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, generalized

DUE TO

(C) Diabetes mellitus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic cardiovascular disease
Cerebral arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

9-22-50

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24-50 to 9-17-50, that I last saw the
deceased alive on 11/9, 1950, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1950

T. Williams, M.D.

Schlumberger Funeral Home, Inc.

2601-5 E. Madison St.

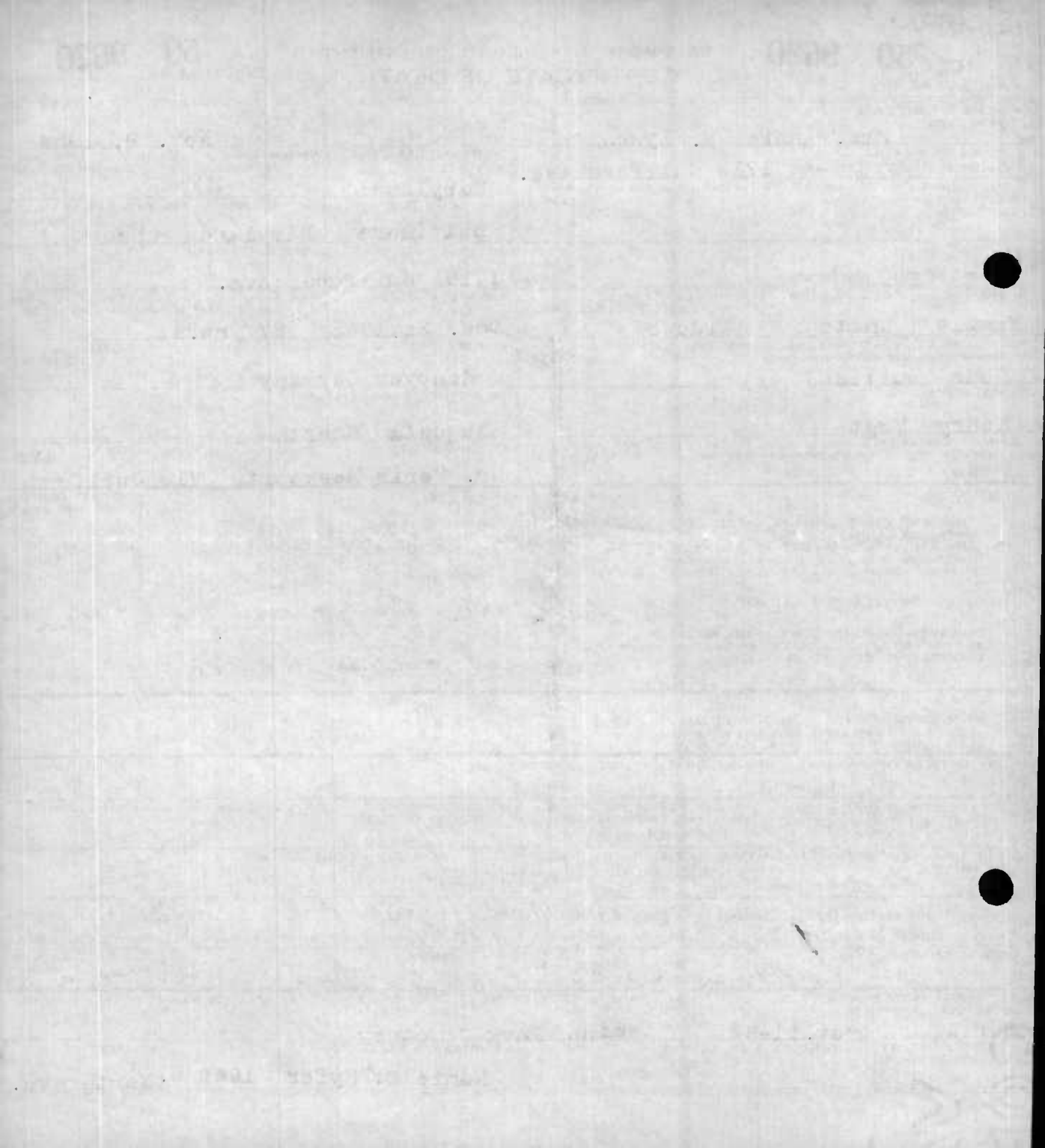
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First admission 6-24-50 — 9-17-50
Final admission 9-22-50 — 11-9-50

061.0

520
50 9620BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9620
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. Annie M. Lynch		2. DATE OF DEATH Nov. 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1719 Guilford Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-05 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland D. STREET ADDRESS (If rural, give location) 1719 Guilford Ave.			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10B. KIND OF BUSINESS OR INDUSTRY		B. DATE OF BIRTH Dec. 21, 1862	
13. FATHER'S NAME Henry Vogt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		9. AGE (In years last birthday) 87 yrs. 11	
16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Hanover Germany		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT Mr. Moris Moskowitz		14. MOTHER'S MAIDEN NAME Augusta Guerth		ADDRESS ave	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Chronic Myocarditis DUE TO (C) General Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 days 5 years 10 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-4 19 50 , to 11-9 19 50 , that I last saw the deceased alive on 11-9 19 50 , and that death occurred at 4:30 A. m., from the causes and on the date stated above.					
23A. SIGNATURE L. J. Hardy		23B. ADDRESS 5106 Harford Road		23C. DATE SIGNED 11-10-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 11-50		24C. NAME OF CEMETERY OR CREMATORY London Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR Mamie C. Syfer		ADDRESS 1600 W. North Ave.	



300

50 9621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9621

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN HENRY BOOTH		2. DATE OF DEATH 8 Nov 50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hosp. 27 N. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1733 Druid Hill Ave.			
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1872	9. AGE (In years, last birthday) 78	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cater		10B. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTH PLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 220-01-6280		17. INFORMANT ADDRESS Mrs. Emma Talbot - 2607 Penna. Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO marked arteriosclerotic cardiovascular disease. DUE TO Generalized arteriosclerosis Marked debility.		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 June , 19 49 , to 7 Nov , 19 50 , that I last saw the deceased alive on 6 Nov , 19 50 , and that death occurred at 8³⁰ P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Emil H. Henning Jr.		23B. ADDRESS 601 Winans Way		23C. DATE SIGNED 8 Nov 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 10, 1950		24C. NAME OF CEMETERY OR CREMATORY Int Auburn	
24D. LOCATION (City, town, or county) Balto. Co.		24E. FUNERAL DIRECTOR Jer. T. A. Gibson Jr.		24F. ADDRESS 1735 D. H. Ave.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		REGISTRAR'S SIGNATURE W. H. H. H. H. H.		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION

1880

02

1880

02

COXHEAD

1880

WATER

1880

50 9622

50 9622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James F. Urbutus (URBUTIS)

2. DATE
OF
DEATH

November 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md. Baltimore Dundalk

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

7036 Dunhill Rd. 5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-27-1888

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WIREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

STEEL MILL

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Urbutus

14. MOTHER'S MAIDEN NAME

matussa Remikis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-07-2862

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhage into trachea

60 mins.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

(B) Recurrence of laryngeal carcinoma

8 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1950, to 11-8, 1950 that I last saw the
deceased alive on 11-8, 1950 and that death occurred at 930 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Fred K. H. H. H.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-8-50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

11/11/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

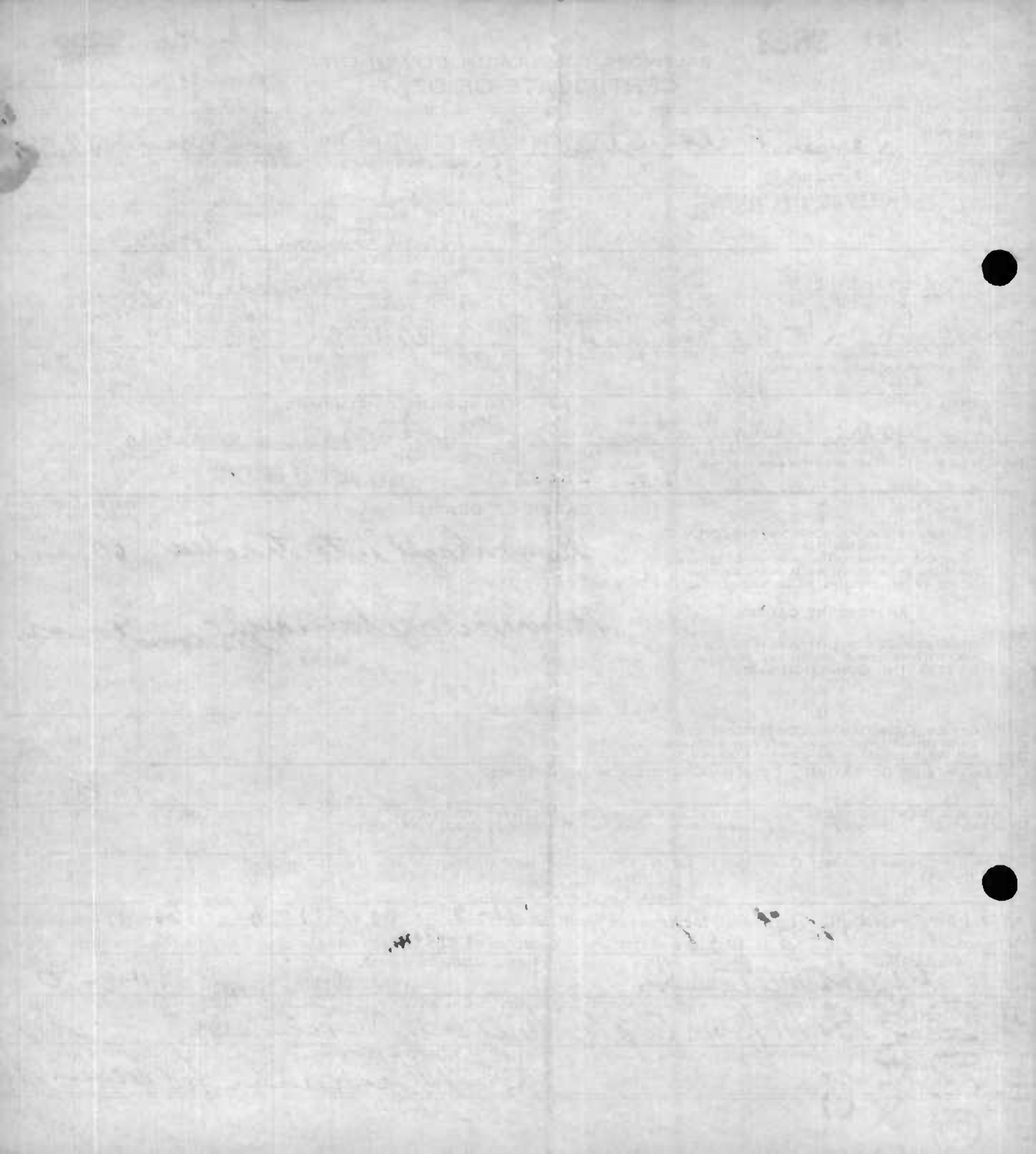
Charles W. H. H. H. 703 McKim St

VS 150

6903A

047a

MEDICAL CERTIFICATION



200 50 9623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9623

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL E. BIGGS

2. DATE
OF
DEATH

NOV. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3204 BATAVIA AVE

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

W^M T. MCCAULEY15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

FEB. 8, 1890

9. AGE (In years-
last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

ADA V. JUREY

17. INFORMANT

ADDRESS

EDGAR S. BIGGS

SAME

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio
vascular disease

DUE TO

8 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to 11/7, 1950, that I last saw the
deceased alive on 11/7, 1950, and that death occurred at 2³⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Todd

M. D.

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

11/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11-10-1950

BALTIMORE

BALTIMORE

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1950

VS 150

H.W. JENKINS & SONS Co. 4905 York Rd

093d

MEDICAL CERTIFICATION

DR. H. U. TODD
2108 ST. PAUL ST
12.30 - 2.00

634 50 9624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9624
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick R. Bradley

2. DATE
OF DEATH Nov. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
(If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3018 Grantly Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3018 Grantly Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 20, 1869

9. AGE (In years
last birthday)

81

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Stable Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

C. D. Kenny Co.

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Bradley

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
220-01-6978

17. INFORMANT

ADDRESS

William R. Bradley, 3018 Grantly Road

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Coronary Insufficiency

INTERVAL BETWEEN
ONSET AND DEATH1 day
Years?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 50, to Nov 7, 1950, that I last saw the
deceased alive on Nov 7, 1950, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

11/11/50

Loudon Park Cemetery

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1950

Wm. Cook, Inc.

1217 St. Paul Street

1938

1938

1938

1938

1938

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1938

1938

1938

1938

1938



50 9625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9625

Registered No. _____

BIRTH NO. 50-109861. NAME OF DECEASED
(Type or Print)Elaine Patricia Just2. DATE
OF
DEATH11-8-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

St Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, 8-06

D. STREET ADDRESS (If rural, give location)

1510 N. Durham St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-6-50

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

5 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herbert Just

14. MOTHER'S MAIDEN NAME

Mary Oden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Herbert Just 1510 N. Durham St.18. 756.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Gangrene of bowel

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Intravasusception

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-6-50

19B. MAJOR FINDINGS OF OPERATION

Intravasusception

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1950 to 11-8, 1950, that I last saw the deceased alive on 11-8, 1950, and that death occurred at 11 pm., from the causes and on the date stated above.

23A. SIGNATURE

B. B. B. B.

M. D.

23B. ADDRESS

1400 N. Caroline St 11-9-50.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1950

Washington Williams, M.D.Wm. Cook, Inc. 1217 St. Paul St.

2522 10

RECEIVED BY THE DIRECTOR
JAN 10 1953

2522 10



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9626
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY SCHLACH HENRY SCHALCH

2. DATE
OF
DEATH

NOV 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL. 6

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

5-01

D. STREET ADDRESS (If rural, give location)

5 N. EXETER ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

MALE

White

WIDOWED

2-10-88

62

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Unemployed

Short Order Cook-REST.

Pa

13. FATHER'S NAME

Henry Schalch

14. MOTHER'S MAIDEN NAME

Elizabeth (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute myocardial infarction

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic coronary thrombosis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-7, 1950, to 11-9, 1950, that I last saw the
deceased alive on 11-9, 1950, and that death occurred at 3:20 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1950

Washington Williams

Wm Cook Inc. 1217 St Paul St.

400

50 9627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9627

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Bailey

2. DATE
OF
DEATH

11/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

801 Washington Blvd

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

At Large

13. FATHER'S NAME

(Unknown) Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

W.W. #1

16. SOCIAL
SECURITY NO.

212-18-8234

8. DATE OF BIRTH

Jan 2, 1889

9. AGE (in years
last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Audrey Strain 801 Washington Blvd

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Carcinoma of left lung

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 - 20 1950, to 11-9 1950, that I last saw the
deceased alive on 11-9 1950 and that death occurred at 1:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Delack, Jr.

M. D.

23B. ADDRESS

1227 Wade Blvd

23C. DATE SIGNED

11-10-50

24A. BURIAL - CREMA-
TION - REMOVAL (Specify)

24B. DATE

11/13/50

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

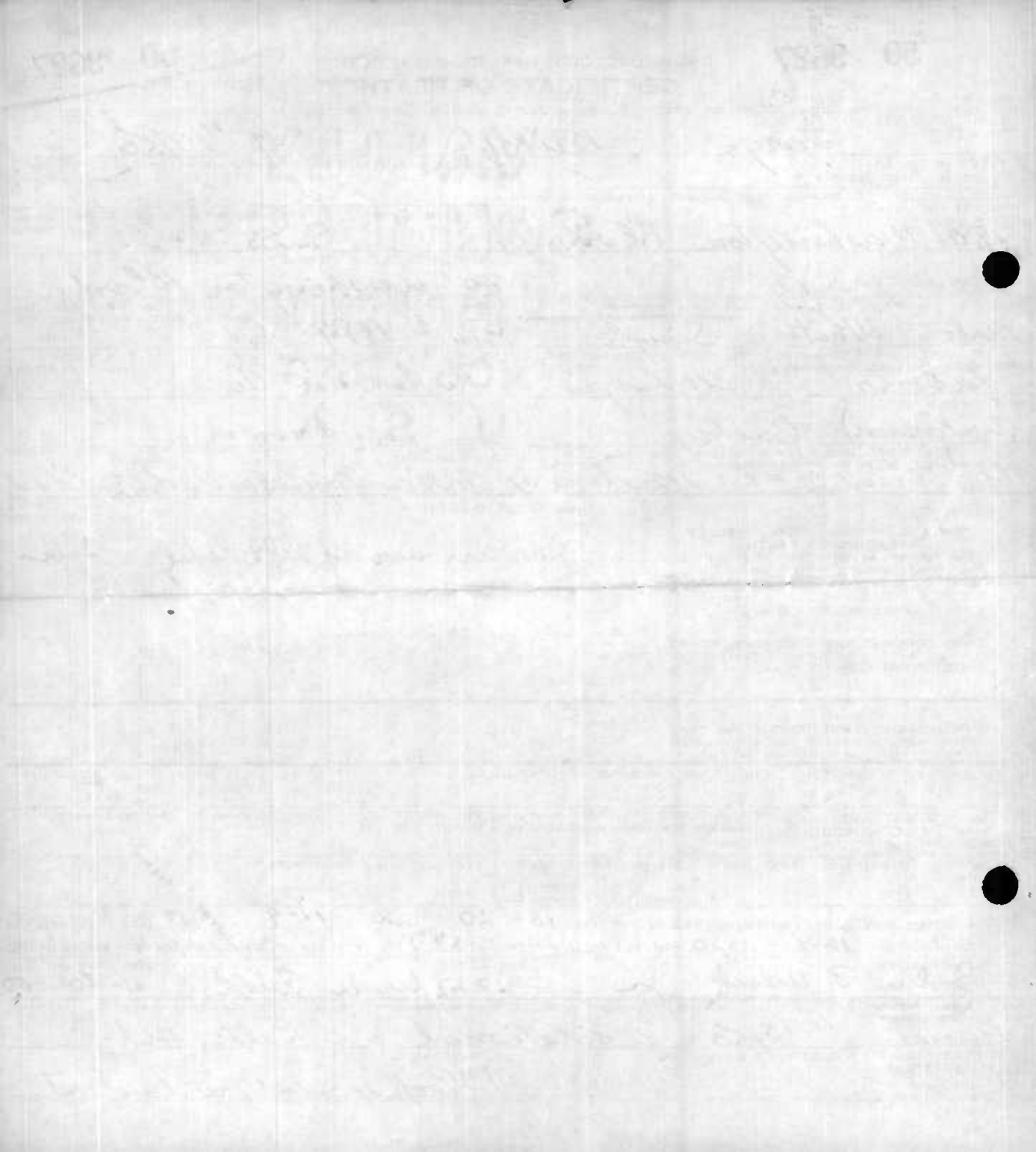
REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

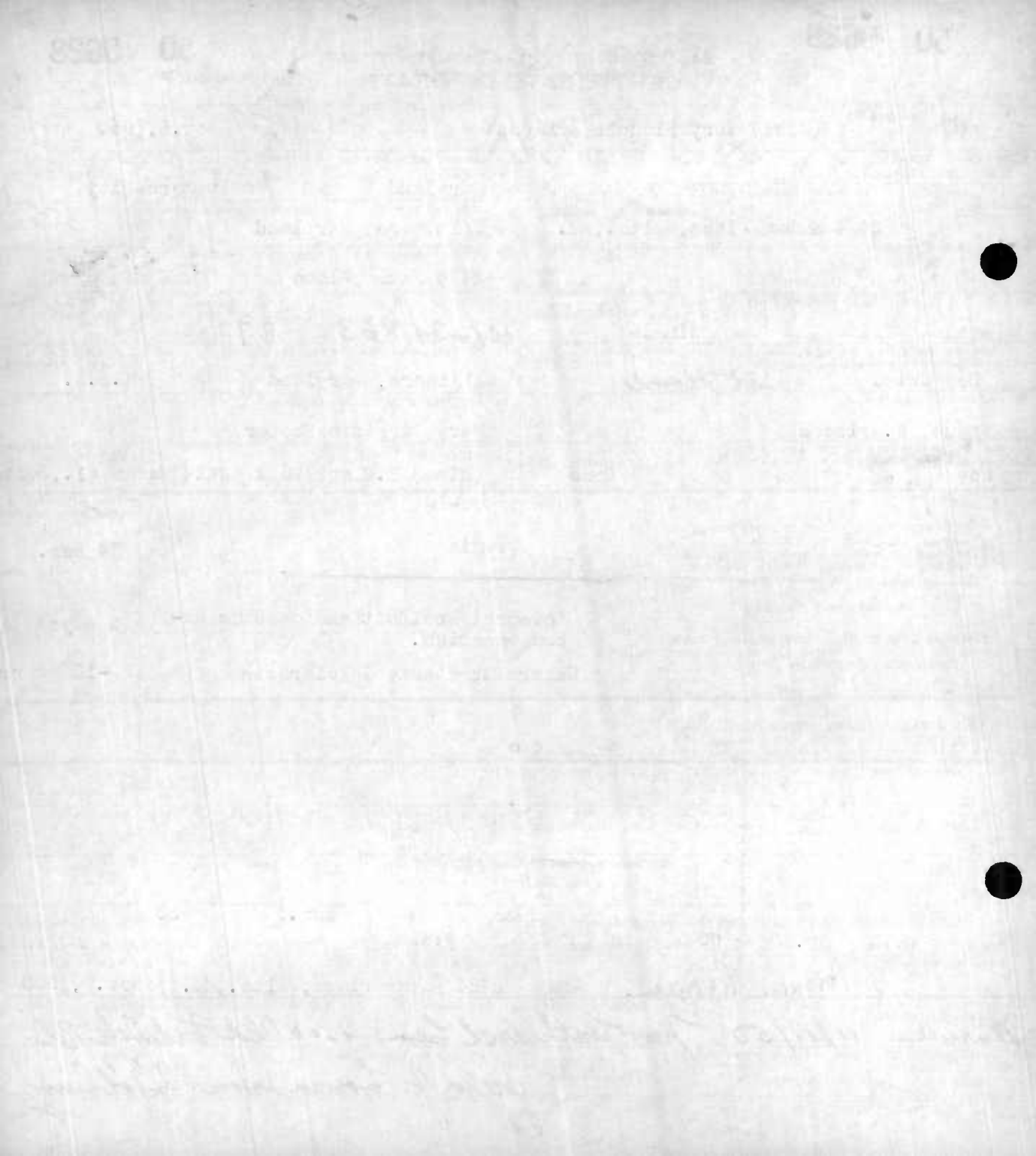
Wm Cook Inc. 1217 St. Paul St.



620 50 9628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9628
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) (Miss) Mary Blanche Briscoe		2. DATE OF DEATH Nov. 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
6. FULL NAME OF HOSPITAL OR INSTITUTION 2424 Eutaw Place, Balto., Md.		7. STREET ADDRESS (If rural, give location) 2424 Eutaw Place		8. LENGTH OF STAY IN BALTIMORE 87 Yrs. Mos. Days	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH 10/23/1863	13. AGE (in years last birthday) 87	14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		16. KIND OF BUSINESS OR INDUSTRY at Home		17. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
18. FATHER'S NAME Samuel N. Briscoe		19. MOTHER'S MAIDEN NAME Mary Virginia Hooper		20. CITIZEN OF WHAT COUNTRY? U.S.A.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		22. SOCIAL SECURITY NO. None		23. INFORMANT ADDRESS (Miss) B. Clare Rusk 2424 Eutaw Pl., Balto.	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) DUE TO ANTECEDENT CAUSES (B) Cerebral accident and cardiac de-compensation. (C) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 5 days 10-12 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1938, 19 to Nov. 8, 1950, that I last saw the deceased alive on Nov. 8, 1950, and that death occurred at 9:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Blorum Briscoe		23B. ADDRESS 2424 Eutaw Place, Balto., Md.		23C. DATE SIGNED Nov. 9, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/11/50		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		24F. REGISTRAR'S SIGNATURE Dr. S. Sherman	
24G. FUNERAL DIRECTOR John J. Cowan & Son		24H. ADDRESS 9201 St.		083a	



300 50 9629 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH Registered No. 50 9629

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **LOUIS WOODY**

2. DATE OF DEATH **NOV. 10, 1950**

3. PLACE OF DEATH:
 A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE **Baltimore** B. COUNTY **City**

5. FULL NAME OF (If not in hospital or institution, give street address or location)
South Balto. Gen. Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1932 Main St Balto Md

7. STREET ADDRESS (If rural, give location)
25-43

8. Length of stay in Baltimore **Life**

9. SEX **Male** 10. COLOR OR RACE **White** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

12. DATE OF BIRTH **Jan 19-1902** 13. AGE (in years last birthday) **48** 14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fireman** 17. KIND OF BUSINESS OR INDUSTRY **City Fire Dept.** 18. BIRTHPLACE (State or foreign country) **Balto Md** 19. CITIZEN OF WHAT COUNTRY? **U.S.A.**

20. FATHER'S NAME **John Woody** 21. MOTHER'S MAIDEN NAME **Christine Gottlieb**

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 23. SOCIAL SECURITY NO. 24. INFORMANT **Wm. J. Woody** ADDRESS **Balto**

25. **581.0** CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) **Hemorrhage, acute**

27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **Ruptured esophageal varices**

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Cirrhosis of the liver**

29. INTERVAL BETWEEN ONSET AND DEATH **3 days**

30. 19A. DATE OF OPERATION **✓** 31. 19B. MAJOR FINDINGS OF OPERATION 32. 20. AUTOPSY? YES ☒ NO ☐

33. 21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 34. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. 21D. TIME (Month) (Day) (Year) (Hour) INJURY 37. 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 38. 21F. HOW DID INJURY OCCUR?

39. 22. I hereby certify that I attended the deceased from **Nov. 7**, 19**50**, to **Nov. 10**, 19**50**, that I last saw the deceased alive on **Nov. 10**, 19**50**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

40. 23A. SIGNATURE **Martin C. Macapang** M.D. 41. 23B. ADDRESS **So. Balto. Gen. Hosp.** 42. 23C. DATE SIGNED **Nov. 10, 1950**

43. 24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 44. 24B. DATE **11-13-50** 45. 24C. NAME OF CEMETERY OR CREMATORY **Louisa Pk Cem** 46. 24D. LOCATION (City, town, or county) (State) **Fridrick Rd Balto Md**

47. DATE RECEIVED BY LOCAL REGISTRAR **NOV 10 1950** 48. REGISTRAR'S SIGNATURE **Washington Williams** 49. 25. FUNERAL DIRECTOR **Edward Louisa** ADDRESS **2359 Wash Blvd Balto Md**

VS 150 762 93

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225

CERTIFICATE CORRECTED 11-10-50

50 9630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 9630

1. NAME OF DECEASED
(Type or Print)FRED
(FREDERICK) F. De Cosmo2. DATE
OF
DEATH

Nov. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

11 Yrs.
X MOS
X DYS

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 11, 1918

9. AGE (In years
last birthday)

32

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Old Forge,
Pennsylvania12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fiore De Cosmo

14. MOTHER'S MAIDEN NAME

Marie De Nardo

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Died of Heart Condition

16. SOCIAL
SECURITY NO.

048-07-8486

17. INFORMANT

Wife

ADDRESS

same

18. 410X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Rheumatic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Mitral Stenosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Cardiac Failure

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from November 8, 1950, to Nov. 9, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 10:40 AM from the causes and on the date stated above.

23A. SIGNATURE

Philip W. Neuman M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Nov. 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1950

L. W. Neuman

L. W. Neuman

4611 Park Heights Ave.

7408F

0926

MEDICAL CERTIFICATION

Was this rheumatic heart
condition accompanied by
active rheumatic fever at
the time of death?

"inactive"

See Document File 50-9630

11-20-50

ES

4-1-142800
50 9631
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9631

1. NAME OF DECEASED (Type or Print) Johnny Royal			2. DATE OF DEATH Nov. 4, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 5 Years			D. STREET ADDRESS (If rural, give location) 1112 Pennsylvania Avenue		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 23, 1922	9. AGE (in years last birthday) 28	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Send		
13. FATHER'S NAME James Royal			11. BIRTHPLACE (State or foreign country) North Carolina		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			12. CITIZEN OF WHAT COUNTRY?		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Mary C. Kelly		
17. INFORMANT			ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 002 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far Advanced Pulmonary Tuberculosis DUE TO (A) Far Advanced Pulmonary Tuberculosis (B) Far Advanced Pulmonary Tuberculosis (C) Far Advanced Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH About 7 Months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-24 , 19 50 to 11-4 , 19 50 that I last saw the deceased alive on 11-4 , 19 50 , and that death occurred at 6:45 PM. , from the causes and on the date stated above.					
23A. SIGNATURE C. W. Rozen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-6-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Nov 9	24C. NAME OF CEMETERY OR CREMATORY Wm Calvary	24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950	REGISTRAR'S SIGNATURE Wm Calvary	25. FUNERAL DIRECTOR Wm Calvary		ADDRESS 918 S. Hull	

97099

0136

all

1638

1638

1638

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50 1033

50

CERTIFICATE OF DEATH

THE COUNTY OF WYOMING

50 1034

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Cause of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Burial Officer	
Signature of Undertaker		Signature of Cemetery	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

530
9633BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9633

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

A.

SMITH

2. DATE
OF
DEATH

November 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 S. Broadway

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 21, 1919

9. AGE (In years
last birthday)

31

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Helper - (Clerk)

10B. KIND OF BUSINESS OR INDUSTRY

Moreland Co. (W)

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John R. Smith

14. MOTHER'S MAIDEN NAME

Dora E. Love

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes W. W. 2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Dora Weeks - 5 N. Kresson St

18. E902.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO subdural

(C) Subarachnoid hemorrhage

(over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

partial 20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Front of 817 S. Broadway

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

November 1, 1950 12:10 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from canope while erecting sign

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/11/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Taylor Ave -

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Medred J. Blight 609 Hayford R.

See Document File 50-9633

12-15-50

EO

KUCHEMISKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9634

Registered No. _____

BIRTH NO. 50 9634

1. NAME OF DECEASED (Type or Print) *Joseph Kuchemiski*

2. DATE OF DEATH *Nov. 9, 1950*

3. PLACE OF DEATH:
A. *Baltimore City, Maryland*
B. **FULL NAME OF HOSPITAL OR INSTITUTION** (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. **STATE** *Md* B. **COUNTY** _____
C. **CITY OR TOWN** (If outside incorporated limits, write RURAL and give township) *Baltimore*
D. **STREET ADDRESS** (If rural, give location) *2220 Portugal St*

5. SEX *male* **6. COLOR OR RACE** *white* **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** _____

8. DATE OF BIRTH *76* **9. AGE (In years last birthday)** *76* **10. Under 1 Year Months: Days** _____ **11. Under 24 Hours Hours: Min.** _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laborer* **10B. KIND OF BUSINESS OR INDUSTRY** *Gas. & Elec. CO*

11. BIRTHPLACE (State or foreign country) *Poland* **12. CITIZEN OF WHAT COUNTRY?** _____

13. FATHER'S NAME *Walentz Kuchemiski* **14. MOTHER'S MAIDEN NAME** *Mary ?*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____ **16. SOCIAL SECURITY NO.** _____

17. INFORMANT *JOHNS HOPKINS HOSPITAL* **ADDRESS** _____

18. 420.1 **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH** *6 HRS.*

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **(A) ? MYOCARDIAL INFARCTION**
ANTECEDENT CAUSES **QUE TO** **(B) ARTERIOSCLEROSIS**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **QUE TO** **CERTIFICATION APPROVED BY** *William H. Stokes* **M. D.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **(C) _____** **CHIEF OR ASST. MEDICAL EXAMINER.**

19A. DATE OF OPERATION _____ **19B. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ **21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ **21E. INJURY OCCURRED** **WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐ **21F. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from *Oct. 19*, 19____, **to** _____, 19____, **that I last saw the deceased alive on** _____, 19____, **and that death occurred at** *7:15* **p. m., from the causes and on the date stated above.**

23A. SIGNATURE *Joseph Stokes III* **M. D.** **23B. ADDRESS** *JOHNS HOPKINS HOSPITAL* **23C. DATE SIGNED** *11-9-50*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24B. DATE** *11-13-50* **24C. NAME OF CEMETERY OR CREMATORY** *St. Stanislaus* **24D. LOCATION (City, town, or county) (State)** *Balto., Md.*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 10 1950* **REGISTRAR'S SIGNATURE** *John J. ...* **25. FUNERAL DIRECTOR** *John J. ...* **ADDRESS** *403 S. Wolfe Street*

To be approved *094a*

1000

STATE OF NEW YORK

1000

IN SENATE

January 1, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

000
50 9635
143572BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9635
Registered No.

1. NAME OF DECEASED (Type or Print) Robert Cooley		2. DATE OF DEATH Nov. 4, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
C. Length of stay in Baltimore 22 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4 N. High Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 5, 1883
9. AGE (In years last birthday) 66		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10B. KIND OF BUSINESS OR INDUSTRY TAVERN	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank		14. MOTHER'S MAIDEN NAME Mary Hauserman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records BCH 4940 Eastern Ave.		ADDRESS	

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cardiac failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH Years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Massive Pleural Effusion DUE TO	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Cirrhosis of liver	Years

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-16 1950, to 11-4 1950, that I last saw the deceased alive on 11-4 1950 and that death occurred at 10 PM m., from the causes and on the date stated above.					
23A. SIGNATURE R. Cooley		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-10-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-11-50		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) Balto - Md		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		24F. REGISTRAR'S SIGNATURE Lilly J. Zida	
24G. FUNERAL DIRECTOR 770 6M		24H. ADDRESS 403 S. Wolfe St		24I. 1246	

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525
0 9636BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9636

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		(John) J. Newman Numsen		Nov-9-1950	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland 2900 Cold Spring Lane		A. STATE Maryland		B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
at Home		Baltimore City		15-1	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		2900 W. Cold Spring Lane			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	White	Married	January-7-1882	68 years	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Retired		Government Employee		Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
George N. Numsen		Grace A. Newman		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
Yes		None		Mrs. Margaret E. Numsen (wife) Balto. Md.	
18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Coronary Sclerosis & Occlusion		Several weeks	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		BUE TO			
ANTECEDENT CAUSES		(B) Hypertensive Cardiac & Vascular Disease		About 2 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Right Cerebral Thrombosis			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan. 11, 1931, to Nov. 9, 1950, that I last saw the deceased alive on 11/8/50, and that death occurred at 5:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Theodore H. Morrison M.D.		115 E. Chase St		11/10/50.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		November-11-50.		Druid Ridge Cemetery	
				Pikesville, Maryland.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 10 1950		Stewart & Mowen Co., 108 W. North Avenue,			



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50 9637BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9637

1. NAME OF DECEASED (Type or Print) <i>Ella V.W. Lathe</i>		2. DATE OF DEATH <i>Nov 8-1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2131 Annapolis Rd</i>		C. CITY OR TOWN (If outside corporate limits, give R.U.R.A. and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2131 Annapolis Rd</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 3-1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Wm H. Haydel</i>		14. MOTHER'S MAIDEN NAME <i>Roberts</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Thomas B. Lathe</i>		17. ADDRESS <i>2131 Annapolis Rd</i>	
18. <i>443X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension. P.U.D.</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>-2 years</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 1</i> , 19 <i>50</i> , to <i>Nov 8</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Nov 1</i> , 19 <i>50</i> , and that death occurred at <i>2131 Annapolis Rd</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Dave Schindler</i>		23B. ADDRESS <i>2131 Annapolis Rd</i>	
23C. DATE SIGNED <i>11/9/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 11-1950</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR <i>Schwensberg Funeral Home</i>		ADDRESS <i>1136 W. Cross St.</i>	

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[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

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50 9638
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9638

1. NAME OF DECEASED (Type or Print) PERSON, JOSEPH FLOYD			2. DATE OF DEATH 11/9/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. SEX Male			6. COLOR OR RACE Negro		
7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH 6/14/1904		
9. AGE (In years, last birthday) 46			10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George Person.			14. MOTHER'S MAIDEN NAME Jullie D. Harding.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Minnie H. Person			ADDRESS 1502 Mosher St.		

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular accident (Cerebral Hemorrhage)			
ANTECEDENT CAUSES		(B) Hypertension			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Uremia + Pulmonary edema			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/30 , 19 50 , to 11/9 , 19 50 that I last saw the deceased alive on 11/9 , 19 50 , and that death occurred at 11:55 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE John N. Holmes III		23B. ADDRESS Provident Hosp.		23C. DATE SIGNED 11/10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-12-1950		24C. NAME OF CEMETERY OR CREMATORY Emporia Va.	
24D. LOCATION (City, town, or county) (State) Emporia Va.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322N Schroeder St.	

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50 9639BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9639

1. NAME OF DECEASED (Type or Print)		THOMAS CHASE		2. DATE OF DEATH November 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Franklin Square Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1614 W. Fayette Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 11, 1898	9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Calvert Co. Md.	
13. FATHER'S NAME Thomas H. Chase.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Bellico P.				17. INFORMANT Mrs. Essie Chase. 1614 W. Fayette St.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		ADDRESS	

18. 415X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Rheumatic cardiovascular disease
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley S. Dunsacker		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-9-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-13-1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		REGISTRAR'S SIGNATURE Mrs. Katie R. Williams		25. FUNERAL DIRECTOR Schuman St.	
				ADDRESS 322 N	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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50 9640

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9640

Registered No.

1. NAME OF DECEASED
(Type or Print)

Delores Costello Boone

2. DATE
OF
DEATH

Nov. 7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1020-N. Appleton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-04

C. Length of stay in Baltimore

21 yrs. 11 mo. 24

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1020-N. Appleton St. ✓

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 13/29

9. AGE (In years
last birthday)

20

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles C. Boone

14. MOTHER'S MAIDEN NAME

Helen E. Kitchen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Chas C. Boone - 2526 - Madison Ave

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchial Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

10 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Pulmonary tuberculosis

(over)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1950, to Nov 7, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Lee

M. D.

23B. ADDRESS

2530 Pa. Ave.

23C. DATE SIGNED

11/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-11-1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State)

Arbutus Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 10 1950

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schuylkill St.

See Document File 50- 9640

2/28/51

ES

16

0 9641

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 9641

Registered No.

1. NAME OF DECEASED
(Type or Print)

FRANCES DAMBROWSKI

2. DATE OF DEATH

10-9-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Doctors Hospital 2724 N. Charles.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1-03 (24)

D. STREET ADDRESS (If rural, give location)

610 S. Milton Ave.

E. Length of stay in Baltimore

45 Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow.

8. DATE OF BIRTH

1876

9. AGE (In years last birthday)

74

10. BIRTHPLACE (State or foreign country)

POLAND.

11. CITIZEN OF WHAT COUNTRY?

USA (Nat.)

12. FATHER'S NAME

13. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

SON-IN-LAW.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

19. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Nov. 1950, that I last saw the deceased alive on 11/9/50, and that death occurred at 11:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

11/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

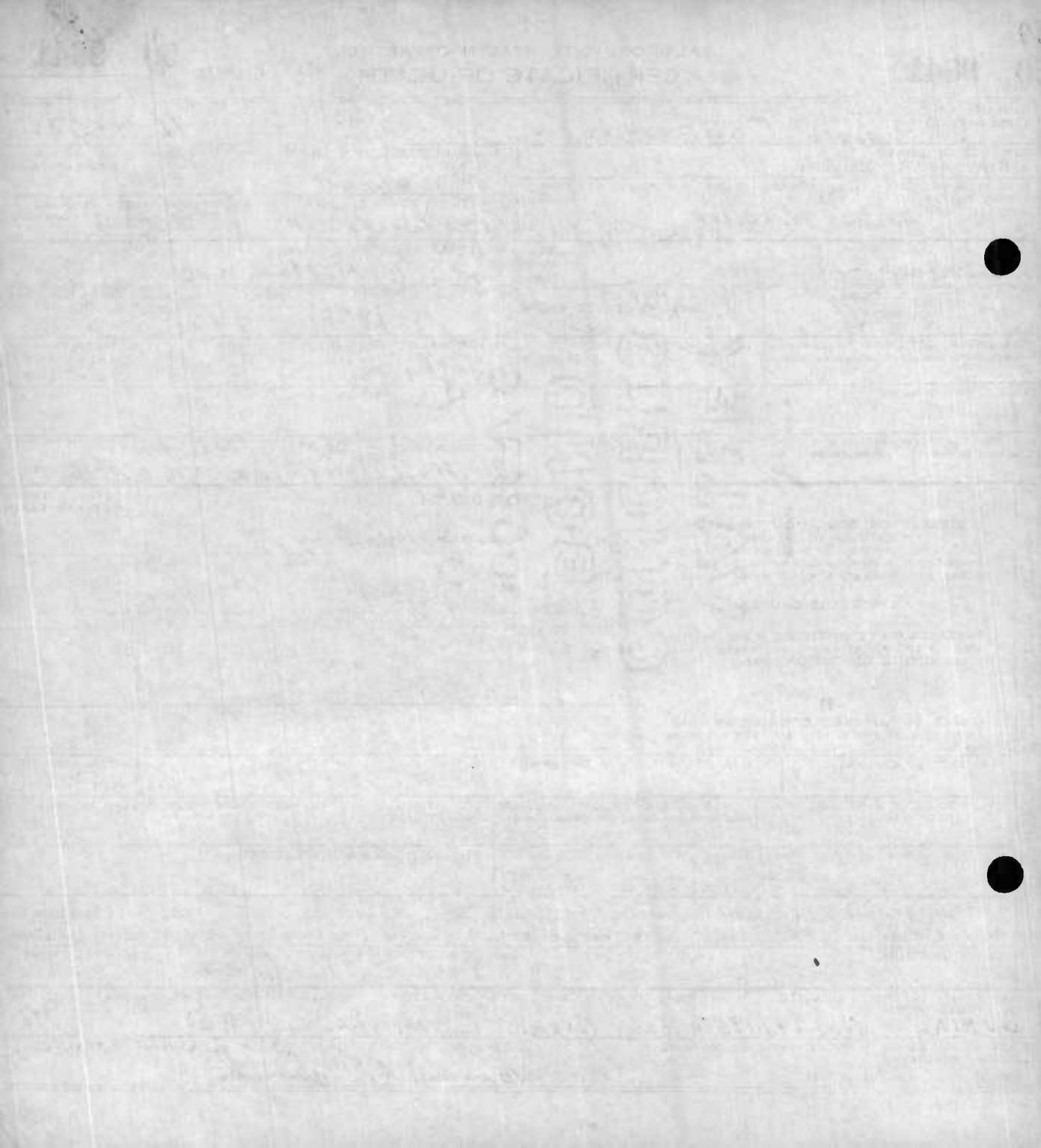
25. FUNERAL DIRECTOR

26. DATE RECEIVED BY LOCAL REGISTRAR

27. REGISTRAR'S SIGNATURE

28. VS 150

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600
50 9642BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9642

1. NAME OF DECEASED (Type or Print) GEORGE F.H. Sauer			2. DATE OF DEATH November 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-11		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3207 Dillon Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1879	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist			10B. KIND OF BUSINESS OR INDUSTRY Penna R.R.		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles A.			14. MOTHER'S MAIDEN NAME Mary E.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Catherine A. Sauer			ADDRESS 3207 Dillon St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO (B) Coronary sclerosis with occlusion DUE TO (C) Myocardial infarct	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 11-9-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13, 1950		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		24F. REGISTRAR'S SIGNATURE Blair F. Hoffmann	
24G. FUNERAL DIRECTOR Blair F. Hoffmann		24H. ADDRESS 1639 Broadway		24I. V.S. 151 54450	

093d ✓

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Age		Sex	
Race		Marital Status	
Place of Birth		Usual Residence	
Cause of Death		Manner of Death	
Physician's Signature		Medical Examiner's Signature	
Date		Time	
Hospital or Place of Death		City and County	
Registrar's Signature		Date of Registration	
Registrar's Title		City and County	

553

50 9643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9643

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Louise O. Simonds</i>		2. DATE OF DEATH <i>Nov. 8 - 1950</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>PINE RIDGE NURSING</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>4703 Hampnett + List</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and township) <i>Baltimore 27</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4500 Hampnett Ave.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	10. DATE OF BIRTH <i>Sept. 25 - 1878</i>
11. AGE (In years, last birthday) <i>72</i>		12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		14. KIND OF BUSINESS OR INDUSTRY _____	
15. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		16. CITIZEN OF WHAT COUNTRY? _____	
17. FATHER'S NAME <i>Arthur B. Simonds</i>		18. MOTHER'S MAIDEN NAME <i>Fathema Polgait</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		20. SOCIAL SECURITY NO. _____	
21. INFORMANT <i>Mr. Blanche Henry</i>		ADDRESS <i>Hampnett 4500</i>	
18. 723.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) <i>Bilateral Hypostatic Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sept 22/50</i>	
DUE TO		(B) <i>Senility</i>	
DUE TO		(C) <i>Chronic Hypertrophic Arthritis with deformity</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? _____		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>Sept 22, 1950</i> to <i>November 8, 1950</i> , that I last saw the deceased alive on <i>Nov. 8, 1950</i> , and that death occurred at <i>9:29 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James E. Whitman, D.</i>		23B. ADDRESS <i>5314 Norfolk Rd, Balto, Md.</i>	
23C. DATE SIGNED <i>10 Nov. 50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/11/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>		24D. LOCATION (City, town, or county) (State) <i>Bald Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1950</i>		25. FUNERAL DIRECTOR <i>J. J. Luck</i> ADDRESS <i>5305 Norfolk Rd</i>	

Dr. W. L. L. L.

624
9644BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 9644

1. NAME OF DECEASED (Type or Print) <i>Mary Markland</i>		2. DATE OF DEATH <i>11-9-50</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>Rt. 16 Box 354 - Hyde Park</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 27-1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>66</i>
13. FATHER'S NAME <i>Joseph Noark</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Frohn</i>	
17. INFORMANT <i>Mr. Philbur Markland</i>		ADDRESS <i>same</i>	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Acute myocardial infarction</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-8</i> , 19 <i>50</i> , to <i>11-9</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11-9</i> , 19 <i>50</i> , and that death occurred at <i>7:05</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Jerome Gaher</i>		23b. ADDRESS <i>Lutheran Hosp.</i>	
23c. DATE SIGNED <i>11-9-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/13/50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24d. LOCATION (City, town, or county) (State) <i>Balt Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR <i>J. J. Ruck</i>		ADDRESS <i>5305 Bayford Rd</i>	

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630
0 9645BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9645
Registered No.

1. NAME OF DECEASED (Type or Print) LILLIE M. SEWARD			2. DATE OF DEATH Nov. 10-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mary Hospital			C. CITY OR TOWN (If outside corporate limits, write P.O.A. and give township) BALTIMORE 1812-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3504 NEWLAND Rd		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 30, 1889	9. AGE (In years last birthday) 60 61	H Under 1 Year Months: Days H Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas H. Mitchell			14. MOTHER'S MAIDEN NAME Sally Winbrow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Husband ADDRESS same		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Curricular Fibrillation & Chaotic Ventricular Contraction		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic Cardio-Vascular disease		(B) Arterio-sclerotic Cardio-Vascular disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 9 , 19 50 , to Nov 10 , 19 50 , that I last saw the deceased alive on Nov 10 , 19 50 , and that death occurred at 11:45A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Philip W. Newman		23B. ADDRESS Jenny Hoop		23C. DATE SIGNED Nov 10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-12-50		24C. NAME OF CEMETERY OR CREMATORY Greenlawn	
24D. LOCATION (City, town, or county) (State) Worcester Co. Md.		24E. FUNERAL DIRECTOR Howard H. Hines		24F. ADDRESS 2503 Edmonstone	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1950		REGISTRAR'S SIGNATURE William M. Williams		25. FUNERAL DIRECTOR Howard H. Hines	

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FEB 10 1960



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9646
Registered No.

BIRTH NO. 452
50 9646
8-80169

1. NAME OF DECEASED (Type or Print) JOHN S. WILLIAMS, Jr.		2. DATE OF DEATH November 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cockeysville	
C. Length of stay in Baltimore 1 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5300	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 31, 1947 9. AGE (In years last birthday) 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME John S. Williams, Sr.		14. MOTHER'S MAIDEN NAME Corinne Culpa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT John S. Williams, Sr.		ADDRESS 520 Sherman Avenue Cal	

18. E912.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of abdomen with rupture of spleen with intraperitoneal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov 9, 1950		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cockeysville, Maryland
21D. TIME (Month) (Day) (Year) (Hour) November 9, 1950 11:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Run over by manure spreader
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Williams		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 9, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE Nov. 14, 1950	24C. NAME OF CEMETERY OR CREMATORY Greenmount	24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950	REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Samson M. Brooks, Sparks, Md. ADDRESS	

30 0846

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

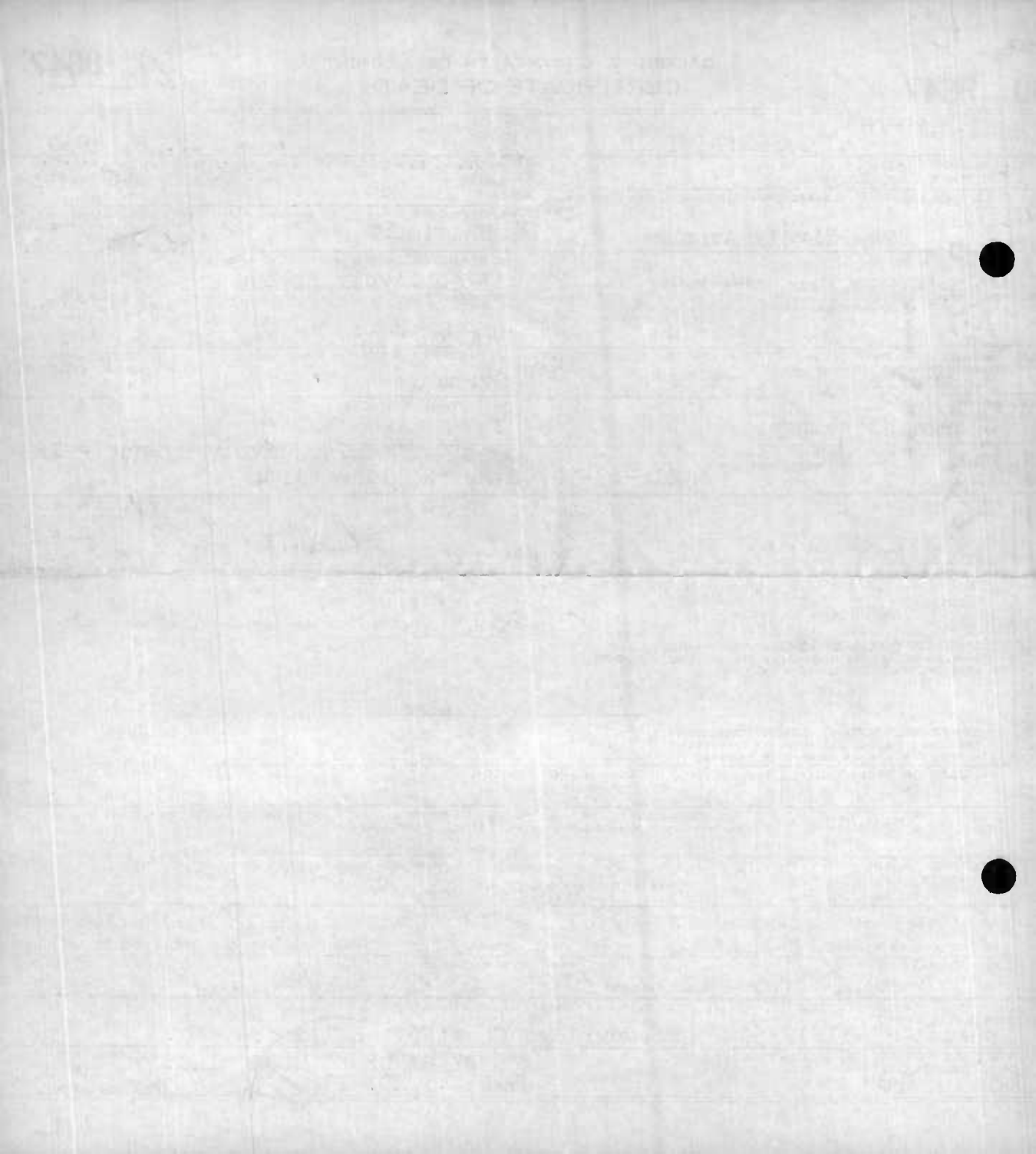
30 0846

IN SENATE
JANUARY 1, 1908
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1907
ALBANY: J.B. LEECH, STATE PRINTER
1908

-630
9647BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9647
Registered No.

1. NAME OF DECEASED (Type or Print) BARBARA WIRTH		2. DATE OF DEATH Nov. 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2746 Tivoly Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 44 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2746 Tivoly Avenue	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAR. 4, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Wiessinger		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-03-7474B	
17. INFORMANT Mr. William Wirth		18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Cardiac Vascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 8, 1950 , to Nov 8, 1950 , that I last saw the deceased alive on Nov 8, 1950 , and that death occurred at 9:15 m., from the causes and on the date stated above.			
23A. SIGNATURE Lucia J. Jankowski, D.		23B. ADDRESS 2711 Eastern Ave	
23C. DATE SIGNED 11/10/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/11/50	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE HENRY SANDER & SONS, INC.	
BALTO., MD. 13		ADDRESS BALTO., MD. 13	

093d



625
50 9648
BIRTH NO.GARRISON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9648

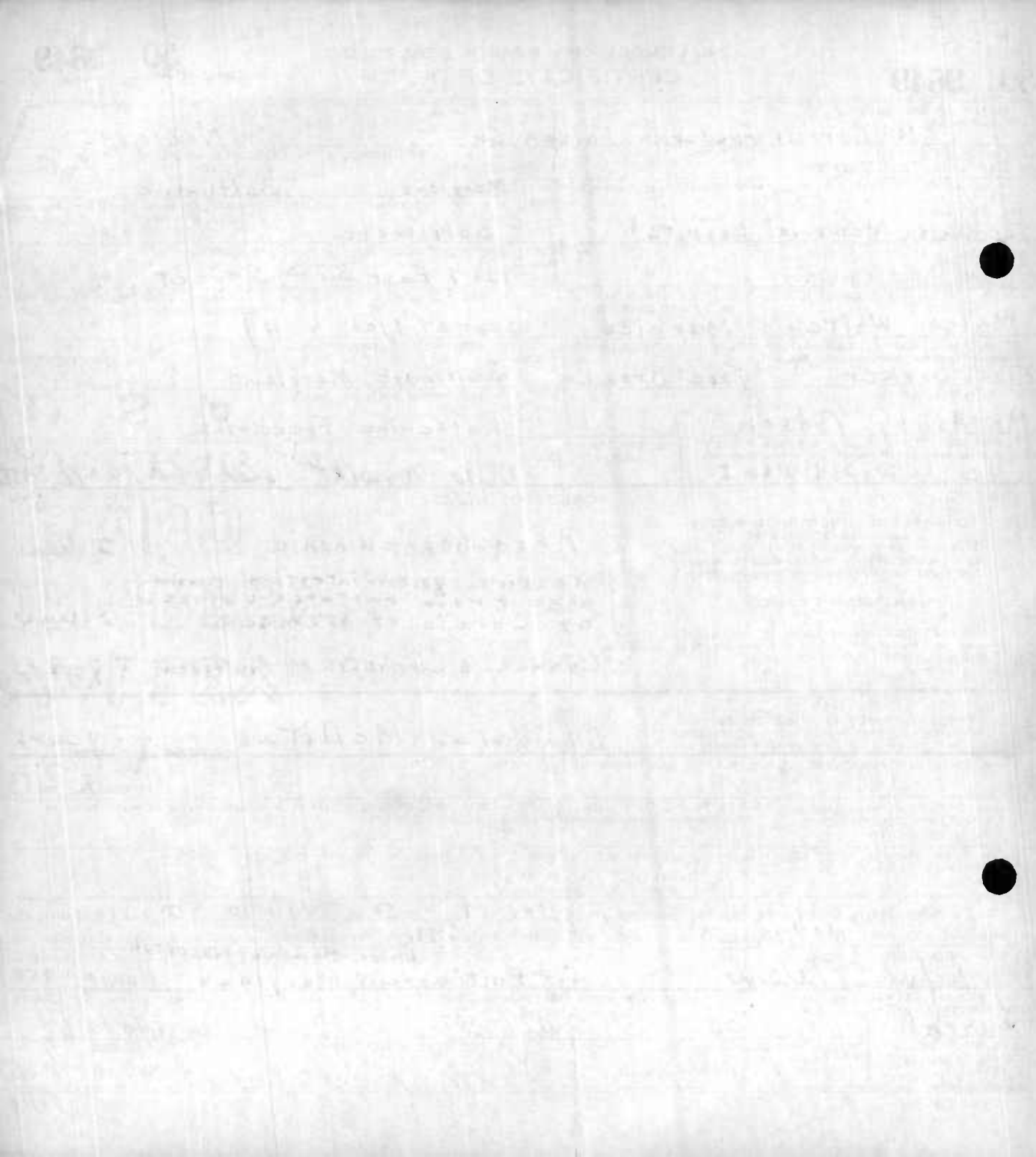
1. NAME OF DECEASED (Type or Print) <i>Julia Garrison</i>		2. DATE OF DEATH <i>11-11-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1117 S Bonnal</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1117 S Bonnal St Balto 242nd</i> B. COUNTY <i>Balto</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>26-06</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) <i>1117 S Bonnal</i>	
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Feb 29 1868</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years: last birthday) <i>82</i>
11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Gray</i>		14. MOTHER'S MAIDEN NAME <i>Emily Butler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Lillian Dolowinski</i>		ADDRESS <i>1117 Bonnal</i>	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Carcinoma of Stomach &</i> DUE TO ANTECEDENT CAUSES (B) <i>metastasis to liver & pancreas</i> DUE TO (C) ... INTERVAL BETWEEN ONSET AND DEATH <i>10-10-50</i>					
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>none</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>none</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>none</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>none</i>	
22. I hereby certify that I attended the deceased from <i>10-10-1950</i> , to <i>11-11-1950</i> , that I last saw the deceased alive on <i>11-10-1950</i> , and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Schenck</i>		23B. ADDRESS <i>842 S. East St</i>		23C. DATE SIGNED <i>11-11-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24B. DATE <i>11/11/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. G. Garrison</i>	
24D. LOCATION (City, town, or county) (State) <i>Chester Pa</i>		25. FUNERAL DIRECTOR <i>William H. ...</i>		ADDRESS <i>1117 S Bonnal</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 11 1950</i>		REGISTRAR'S SIGNATURE <i>William H. ...</i>		25. FUNERAL DIRECTOR <i>William H. ...</i>	

425
50 9649BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9649

1. NAME OF DECEASED (Type or Print) <u>Mr. Carroll Frederick Tolson, Sr.</u>		2. DATE OF DEATH <u>Nov. 10, 1950</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>The Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>9-02</u>	
4. Length of stay in Baltimore <u>49</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1207 East 35th Street</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 27, 1901</u>
9. AGE (In years last birthday) <u>49</u>		10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Food Broker</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Food Broker</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Mr. Ashby Tolson</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Frederick</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) <u>yes</u> <u>World War I.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Carroll F. Tolson, Jr.</u>		ADDRESS <u>1207 E. 35th St.</u>	
18. <u>581.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Bronchopneumonia</u> DUE TO <u>Massive gastro-intestinal hemorrhage from ruptured varices of Cardia of stomach</u> (B) <u>of Cardia of stomach</u> DUE TO <u>Laennec's Cirrhosis of the liver</u> (C) <u>Diabetes Mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u> <u>? years</u> <u>? years</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 7, 1950</u> , to <u>Nov 10, 1950</u> , that I last saw the deceased alive on <u>Nov. 10, 1950</u> , and that death occurred at <u>6:19 P.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Edw. S. Nelson</u>		23B. ADDRESS <u>Union Memorial Hospital</u> M. D. <u>Baltimore, Maryland</u>	
23C. DATE SIGNED <u>Nov. 10, 1950</u>			
24A. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>11/13/50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24D. LOCATION (City, town, or county) (State) <u>Woodlawn Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 11 1950</u>		REGISTRAR'S SIGNATURE <u>Washington Williams, Jr.</u>	
25. FUNERAL DIRECTOR <u>Wm. J. Pickens & Sons - Balt.</u>		ADDRESS <u>Md.</u>	



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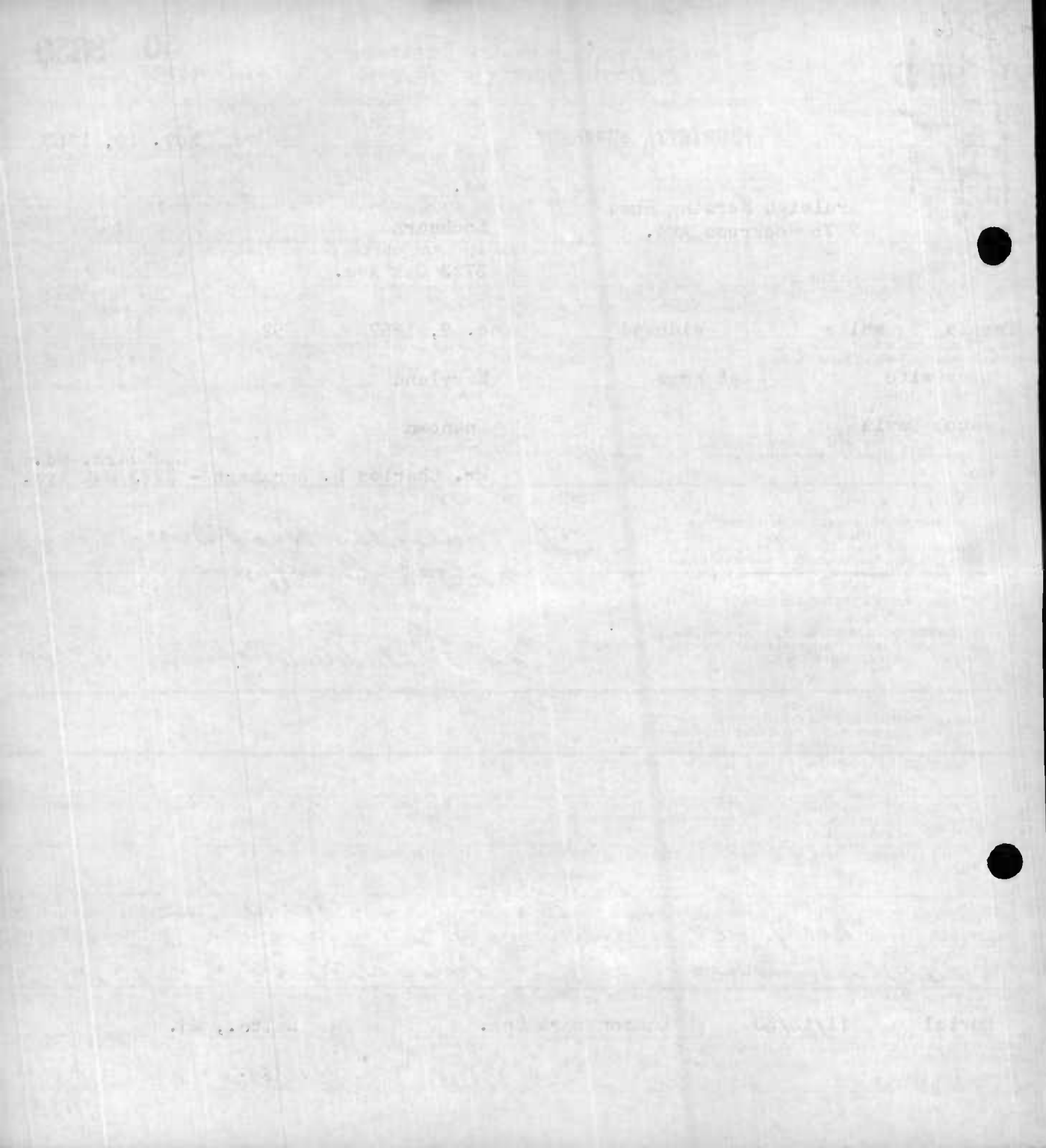
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9650
Registered No.

1. NAME OF DECEASED (Type or Print) HENRIETTA BURKHART		2. DATE OF DEATH Nov. 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Ardleigh Nursing Home 2075 Rockrose Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lochearn	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3723 Oak Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 9, 1857
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 92
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jacob Davis		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Charles L. Burkhardt - 3723 Oak Ave.		ADDRESS Lochearn, Md.	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chr. Valvular Heart Disease DUE TO mitral Insufficiency 1940 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Chr. Interstitial Nephritis DUE TO 1940 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 6 - 1947 to Nov 10, 1950 that I last saw the deceased alive on Nov 9, 1950 and that death occurred at 3:50 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE Paul Brown		23B. ADDRESS 1663 W. K. Rd. W.	
23C. DATE SIGNED 10-11-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/13/50	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Com.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE Wm. J. Lickner	
VS 150		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons - Balto Md.	

MEDICAL CERTIFICATION

131a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9651
Registered No. _____

620
50 9651
BIRTH NO.

1. NAME OF DECEASED (Type or Print) NANNIE NORRIS			2. DATE OF DEATH Nov. 9, 1950		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 1327 Brunt St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02		
c. Length of stay in Baltimore 15 months			d. STREET ADDRESS (If rural, give location) 1327 Brunt St.		
5. SEX F.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 6, 1893		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME David Hebron			14. MOTHER'S MAIDEN NAME Emma Carroll		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Miss Linner - Sykesville, Md.		

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Hypertension Arterio - Sclerotic DUE TO (B) Coronary Failure DUE TO (C) Atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 49 , to Nov 8 , 19 50 , that I last saw the deceased alive on 11/8 , 19 50 , and that death occurred at 7:40 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Armin H. Cuthbert		23B. ADDRESS 1805 West 10th		23C. DATE SIGNED 11/10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 13, 1950		24C. NAME OF CEMETERY OR CREMATORY St. Luke's	
24D. LOCATION (City, town, or county) (State) Sykesville, Howard Md.		25. FUNERAL DIRECTOR C. Harry Ewer - Sykesville, Md.		25. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE Wilmington Williams, M.		25. ADDRESS	

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520
9652BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9652
Registered No.

1. NAME OF DECEASED (Type or Print) Adellah V. Kines		2. DATE OF DEATH November 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3710 Falls Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 65 years		D. STREET ADDRESS (If rural, give location) 3710 Falls Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 5, 1871
9. AGE (In years last birthday) 79		10. Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Samuel Disney		14. MOTHER'S MAIDEN NAME Amelia Bowen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Raymond C. Kines		ADDRESS 3710 Falls Road	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Breast DUE TO (B) Generalized Carcinomatosis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Jan. 1950			
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1950 to Nov 9 , 1950, that I last saw the deceased alive on Nov 8 , 1950 and that death occurred at 9:15 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Samuel J. Hummel		23B. ADDRESS 3711 Falls Rd	
23C. DATE SIGNED 11-10-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13, 1950	
24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Burgee Funeral Home		ADDRESS 3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE Horace F. Burgee	

Government of India

Ministry of Education

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9653
Registered No. _____

2 50
50 9653
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Louis McKim 2. DATE OF DEATH 10 Nov. '50

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Sinai Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location) 902 Tyson St 11-03
E. LENGTH OF STAY IN BALTIMORE Life Yrs. _____ Mos. _____ Days _____

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 20 1875 9. AGE (In years last birthday) 75 H Under 1 Year Months: Days H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY Hotel Clerk 11. BIRTHPLACE (State or foreign country) Balto Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hollins McKim 14. MOTHER'S MAIDEN NAME Eliza Voorhees

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 217-20-9087 17. INFORMANT Mrs. Huntington Williams ADDRESS 620 W. Belvedere Ave

18. 442X CAUSE OF DEATH Uremia INTERVAL BETWEEN ONSET AND DEATH _____
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hypertensive -
Arteriosclerotic Cardio-Vascular
Renal Disease.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1 Nov., 1950, to 10 Nov., 1950, that I last saw the deceased alive on 10 Nov., 1950, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE George H. Greenstein M. D. 23B. ADDRESS Sinai Hospital 23C. DATE SIGNED 10 Nov '50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Nov 11/50 24C. NAME OF CEMETERY OR CREMATORY Green Mount 24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Henry M. Jenkins & Sons Co ADDRESS 4405 York Rd

VS 150
George H. Greenstein 131a

MEDICAL CERTIFICATION

100

2

100

462
50 9654
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9654

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
WILLIAM WALTER FELLERS		November 8, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 653 Lexington St. (W.)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Shovel operator		10b. KIND OF BUSINESS OR INDUSTRY CONST	9. AGE (In years last birthday) 67
13. FATHER'S NAME Philip Fellers		11. BIRTHPLACE (State or foreign country) Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Katherine Devine	
		17. INFORMANT Mrs. William Fellers	
		ADDRESS Martinsburg, W. Va.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE Stanley H. Deanecker		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED Nov. 8, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Hill	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR F.M. Higginbotham	
				ADDRESS Clicott City	

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of health officer		14. Signature of local health officer		15. Signature of local health officer		16. Signature of local health officer	
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1. NAME OF DECEASED (Type or Print) ELECTA ANN FORD			2. DATE OF DEATH Nov. 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3309 Liberty Heights Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3309 Liberty Heights Ave., Apt. 3A		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Aug. 15, 1863	9. AGE (In years, last birthday) 87	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			11. BIRTHPLACE (State or foreign country) Vermont		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John Bean		
14. MOTHER'S MAIDEN NAME Margaret Barker			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. Howard W. Ford - 4721 Liberty Hgts. A.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIO SCLEROTIC HEART DISEASE DUE TO ARTERIO SCLEROSIS DUE TO Nephrosclerosis DUE TO Nephrosclerosis	CAUSE OF DEATH ARTERIO SCLEROTIC HEART DISEASE ARTERIO SCLEROSIS Nephrosclerosis	INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
19. DATE OF OPERATION NOVE 10		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NOVE	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) NOVE	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NOVE
21D. TIME (Month) (Day) (Year) (Hour) NOVE	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> AT WORK NOVE	21F. HOW DID INJURY OCCUR? NOVE
22. I hereby certify that I attended the deceased from Feb. 6, 1946 to NOV -10, 1950 , that I last saw the deceased alive on NOV -10, 1950 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Stuart J. Sunday	23B. ADDRESS 201 E 42nd St.	23C. DATE SIGNED 11/11/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/13/50	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR ADDRESS Stuart J. Sunday

CENTRE CASE OF DEATH

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420
50 9656BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9656
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES CLOUGH		2. DATE OF DEATH Nov. 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-02			
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1310 Fairmont Ave. (Garage)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 13, 1897	9. AGE (In years last birthday) 52	H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Noah Clough		14. MOTHER'S MAIDEN NAME Jennie Oldson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Wm. E. Clough-Centerville, Md.	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) _____ DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Nov 13 1950		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Decker M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 10, 1950	
24A. BURIAL CREMATION. REMOVAL (Specify)		24B. DATE Nov 13 1950		24C. NAME OF CEMETERY OR CREMATORY Church Hill	
24D. LOCATION (City, town, or county) md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		24F. REGISTRAR'S SIGNATURE Edgar R. Lane	
24G. FUNERAL DIRECTOR Edgar R. Lane		24H. ADDRESS Church Hill		24I. ADDRESS 093d md	

CERTIFICATE OF DEATH

1932

DATE OF DEATH

1932

10-10

CAUSE OF DEATH

1. *Ischemic heart disease*
2. *Myocardial infarction*
3. *Coronary atherosclerosis*
4. *Arteriosclerosis*
5. *Hypertension*
6. *Chronic nephritis*
7. *Chronic bronchitis*
8. *Emphysema*
9. *Pneumonia*
10. *Tuberculosis*
11. *Malignant neoplasm*
12. *Leukemia*
13. *Lymphoma*
14. *Syphilis*
15. *Gonorrhea*
16. *Chancroid*
17. *Chlamydia*
18. *Trichomonas*
19. *Scabies*
20. *Eczema*
21. *Psoriasis*
22. *Actinomyces*
23. *Coccidioides*
24. *Histoplasma*
25. *Cryptosporidium*
26. *Isospora*
27. *Cyclospora*
28. *Microsporidia*
29. *Parasitosis*
30. *Intestinal obstruction*
31. *Perforated ulcer*
32. *Appendicitis*
33. *Diverticulitis*
34. *Colitis*
35. *Proctitis*
36. *Hemorrhoids*
37. *Fistula*
38. *Anal fissure*
39. *Rectal prolapse*
40. *Stenosis of rectum*
41. *Stricture of rectum*
42. *Rectal cancer*
43. *Colorectal cancer*
44. *Esophageal cancer*
45. *Stomach cancer*
46. *Small intestine cancer*
47. *Large intestine cancer*
48. *Bladder cancer*
49. *Prostate cancer*
50. *Penis cancer*
51. *Vagina cancer*
52. *Cervix cancer*
53. *Uterus cancer*
54. *Ovary cancer*
55. *Breast cancer*
56. *Testis cancer*
57. *Skin cancer*
58. *Lung cancer*
59. *Pancreas cancer*
60. *Liver cancer*
61. *Gallbladder cancer*
62. *Spleen cancer*
63. *Adrenal gland cancer*
64. *Thyroid cancer*
65. *Parathyroid cancer*
66. *Pituitary cancer*
67. *Hypothalamus cancer*
68. *Brain cancer*
69. *Spinal cord cancer*
70. *Nerve cancer*
71. *Muscle cancer*
72. *Bone cancer*
73. *Cartilage cancer*
74. *Joint cancer*
75. *Soft tissue cancer*
76. *Connective tissue cancer*
77. *Epithelial cancer*
78. *Stromal cancer*
79. *Endothelial cancer*
80. *Epithelial cancer*
81. *Stromal cancer*
82. *Endothelial cancer*
83. *Epithelial cancer*
84. *Stromal cancer*
85. *Endothelial cancer*
86. *Epithelial cancer*
87. *Stromal cancer*
88. *Endothelial cancer*
89. *Epithelial cancer*
90. *Stromal cancer*
91. *Endothelial cancer*
92. *Epithelial cancer*
93. *Stromal cancer*
94. *Endothelial cancer*
95. *Epithelial cancer*
96. *Stromal cancer*
97. *Endothelial cancer*
98. *Epithelial cancer*
99. *Stromal cancer*
100. *Endothelial cancer*

10-10

10-10

10-10

520
9657BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9657
Registered No.

1. NAME OF DECEASED (Type or Print) WALLY YOUNG		2. DATE OF DEATH November 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 18 Yrs.		D. STREET ADDRESS (If rural, give location) 614 N. Caroline Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/29/1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In Gen.	9. AGE (In years last birthday) 58
13. FATHER'S NAME Willie Young		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes I War # I		11. BIRTHPLACE (State or foreign country) Woodward S.C.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Hattie Hymer	
		17. INFORMANT ADDRESS Mart Young 1821 N. Spring St	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive cardiovascular disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 11/12/1950		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Howard		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Nov. 10, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/1950	24C. NAME OF CEMETERY OR CREMATORY Blackstock S.C.	24D. LOCATION (City, town, or county) (State) 1000 Bently ave	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE Elroy O. Wilson		

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363
50 9658
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9658

1. NAME OF DECEASED (Type or Print)		LEE EDWARDS		2. DATE OF DEATH November 8, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 25 Yrs.				d. STREET ADDRESS (If rural, give location) 110 Exeter Street (N.)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/3/1889	9. AGE (In years last birthday) 61	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Western Md. R.R.		11. BIRTHPLACE (State or foreign country) South Carolina
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Sarah Edward			ADDRESS 110 N. Exeter St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO ANTECEDENT CAUSES (B) Hypertensive cardiovascular disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dombach		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11-9-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/13/1950		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		(State)			

DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE Washington Williams, Jr.		25. FUNERAL DIRECTOR Elroy O. Wilson 1000 Brantly ave	
VS 151		97050		093d ✓	

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

1934

STATE OF NEW YORK

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DIAGNOSIS

PROGNOSIS

TREATMENT

OUTCOME

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9659

Registered No. _____

1. NAME OF DECEASED (Type or Print) EDWARD RAUCHENSTEIN		2. DATE OF DEATH November 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Montgomery	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethesda	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6806 Exfair Road	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 21-1865
9A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Machine		9B. KIND OF BUSINESS OR INDUSTRY Mach. Dept.	9. AGE (In years last birthday) 85
10. BIRTHPLACE (State or foreign country) Alabama		11. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Rauchenstine		14. MOTHER'S MAIDEN NAME Simpson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John S. Calhoun		ADDRESS	
18. E816.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Crushing injury of chest DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 56-00 of Eldersburg Route 26 (Liberty Heights) 6 miles west		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY November 10, 1950 5.p.m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto and auto accident (passenger)	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R.S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D.	
23C. DATE SIGNED Nov. 11, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov. 11-1950	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Easton, Pa	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950		REGISTRAR'S SIGNATURE William	
25. FUNERAL DIRECTOR Deal Funeral Home		ADDRESS Washington, D.C.	

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Occupation		Residence	
Marital Status		Date of Marriage	
Signature of Physician		Signature of Registrar	

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Occupation		Residence	
Marital Status		Date of Marriage	
Signature of Physician		Signature of Registrar	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 9660

BIRTH NO. 9660

1. NAME OF DECEASED (Type or Print) <u>Giles Griffin</u>			2. DATE OF DEATH <u>11-10-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Howard</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Henryton</u>		
c. Length of stay in Baltimore <u>1</u> <small>Yrs. Mos. Days</small>			D. STREET ADDRESS (If rural, give location) <u>6300</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 23, 1882</u>		9. AGE (In years last birthday) <u>67</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>	11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>George Griffin</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Della Griffin - Henryton, md.</u>		

18. <u>561.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Intestinal Obstruction</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Right Femoral Hernia</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <u>Stechus sis</u>	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10-10, 1950 to 11-10, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 1200 m., from the causes and on the date stated above.

23A. SIGNATURE <u>Raymond C. Pauling</u> M. D.		23B. ADDRESS <u>Univ. Hosp.</u>		23C. DATE SIGNED <u>11-11-50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>11-14-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>West Liberty</u>	24D. LOCATION (City, town, or county) (State) <u>Howard co., md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 11 1950</u>	REGISTRAR'S SIGNATURE <u>Washington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>C. Harry Edwards - Sykesville, md.</u>		

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UNITED STATES OF AMERICA
OFFICE OF THE SECRETARY OF DEFENSE

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536
9661BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9661
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) DAVID J. UNDERWOOD	
2. DATE OF DEATH November 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital	
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4616 Manordene Road	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 16, 1899
9. AGE (In years last birthday) 50	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sales manager
11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Underwood	14. MOTHER'S MAIDEN NAME Rose Cairns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Mrs. Margaret S. Fowler-Brownsville, Pa.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery sclerosis DUE TO (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (II) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT HOME <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley A. Durlacher</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. Nov. 11, 1950		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11/11/50	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Brownsville, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1950	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Tiekner & Sons - Balto</i>		

1961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1961

DATE OF DEATH: 10-1-61

TIME OF DEATH: 10:00 AM

PLACE OF DEATH: HOME - 1234 E. BALTIMORE ST.

CAUSE OF DEATH:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

IMMEDIATE CAUSE:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

UNDERLYING CAUSE:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

IMMEDIATE CAUSE:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

IMMEDIATE CAUSE:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

IMMEDIATE CAUSE:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

IMMEDIATE CAUSE:

HEART DISEASE - CORONARY ARTERY DISEASE
MURDER - GUNSHOT WOUND TO THE CHEST
SUICIDE - GUNSHOT WOUND TO THE CHEST

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9662
Registered No. _____

50 9662

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENRY CHARLES CONRAD			2. DATE OF DEATH NOVEMBER 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 112 S. CATHERINE ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-04		
C. Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 112 S. CATHERINE ST.		
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 25, 1879	9. AGE (In years last birthday) 71	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10B. KIND OF BUSINESS OR INDUSTRY Plumbing (CONTRACTOR)		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME Henry Conrad			14. MOTHER'S MAIDEN NAME ELIZABETH MILLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES Spanish-American			16. SOCIAL SECURITY NO. 214-01-9805		
17. INFORMANT FLORENCE V. Conrad			ADDRESS 112 S. Catherine St		

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO		
(B) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Mar 1, 1950**, to **Nov 10, 1950**, that I last saw the deceased alive on **Nov 8, 1950**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Albert Scagnetti M. D.	23B. ADDRESS 1724 W. Lombard St	23C. DATE SIGNED Nov 10 '50
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE Nov. 13, 1950	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William L. Williams	25. FUNERAL DIRECTOR George L. Schwab	ADDRESS 2101 Frederick Ave.
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MEDICAL CERTIFICATION

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REPORT OF DEATH

DATE OF DEATH

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REPORT OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

X 50 9663

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Russell A-76874

2. DATE
OF
DEATH

NOV 10 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Talbot

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Michaels

D. STREET ADDRESS (If rural, give location)

7000

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

3-14-50

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days

7-26

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William D. Russell

14. MOTHER'S MAIDEN NAME

Esther Lund

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Duodeno-Sigmoid Fistula
Perforation of Sigmoid Colon

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Gastroenteritis, infections

3 wks.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Congenital Club Foot

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-1950 to 11-10-1950 that I last saw the
deceased alive on 11-10-1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thomas C. McPherson, M.D.

JOHNS HOPKINS HOSPITAL

11-11-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11-12-1950

11-13-50

West Laurel Hill

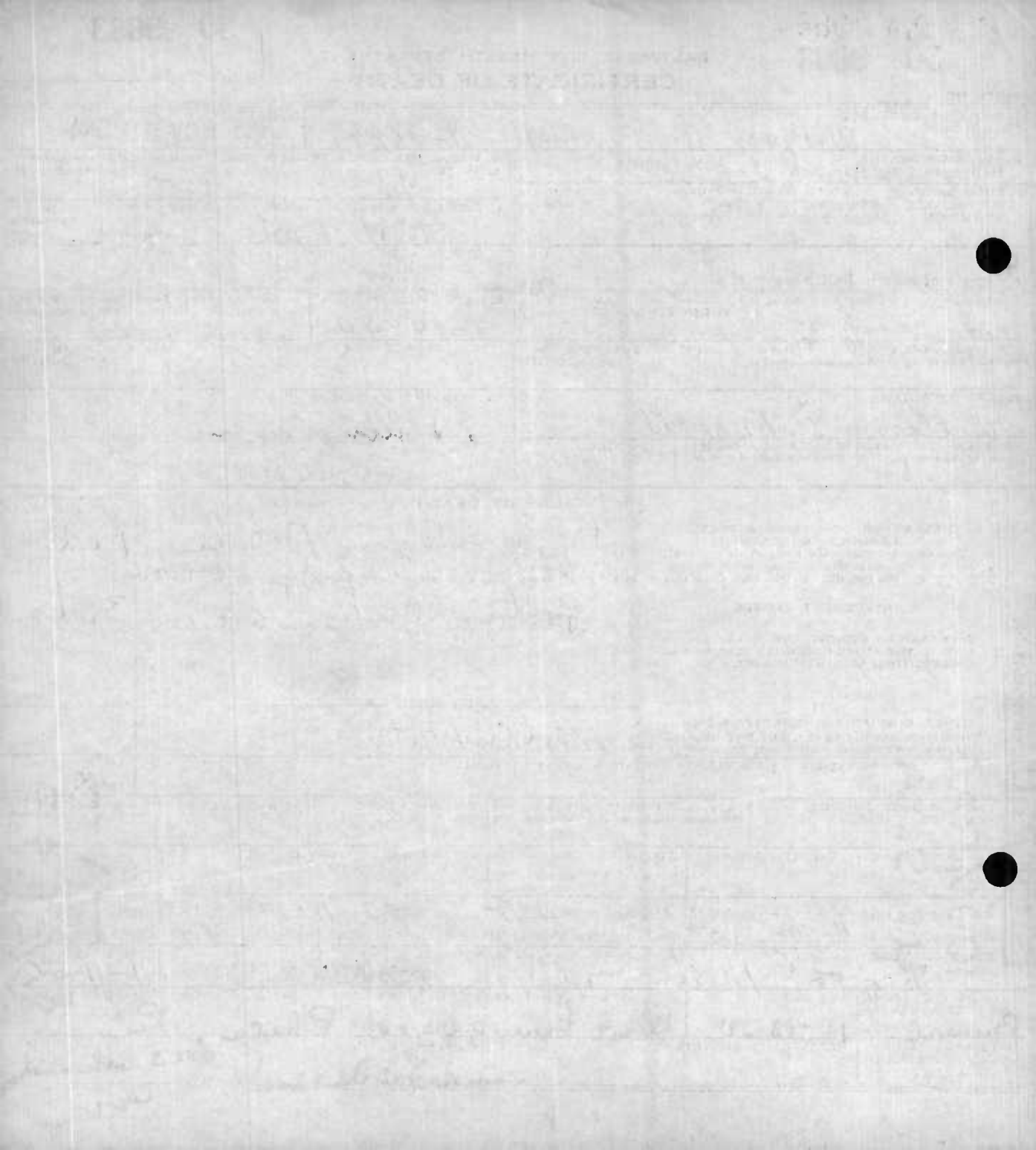
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2003 E. Lombard

VS 150

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MEDICAL CERTIFICATION



A-255
50 9664BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH5.50 9664
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX ASHMAN

2. DATE
OF
DEATH

11-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN Hospital, Balt

C. Length of stay in Baltimore

46

Yrs.
Mons.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 27-11
5005 Cordelia Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Moses

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Henda

17. INFORMANT

ADDRESS

Dr. Harry Ashman - 3700 Harrison Blvd

18. 480X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) H. INFLUENZA PNEUMONIA

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary Emphysema

DUE TO

(C) Bronchial Asthma

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-50, 19, to 11-10-50, 19, that I last saw the deceased alive on 11-10-1950, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harold L. Dely Jr.

M. D.

Luther Hosp Md

11-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-12-50

United Hebrew

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

Jack Lewicki 2100 Eutaw Pl

1982

CERTIFICATE OF DEATH

1982



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Henry Yeakle

2. DATE
OF
DEATH

November 10th, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1620 Harford Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Idlewylde, Balto:Co

D. STREET ADDRESS (If rural, give location)

6303 Banbury Road

C. Length of stay in Baltimore

1 Day

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-6-1892

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months Days Hours Min.

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CERTIFICATE OF DEATH

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DATE OF DEATH

NAME OF DECEASED

AGE

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

SEX

CAUSE OF DEATH

SEX

DATE OF DEATH

SEX

DATE OF DEATH

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W-635		Wartman		50 9666		50 9666	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. _____			
CERTIFICATE OF DEATH							
BIRTH NO. _____							
1. NAME OF DECEASED (Type or Print) <i>Effie Wartman</i>				2. DATE OF DEATH <i>11/10/50</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 2-9-09</i>			
C. Length of stay in Baltimore <i>65</i> Yrs. <i>Mo.</i> <i>Days</i>				D. STREET ADDRESS (If rural, give location) <i>1228 E. Lafayette Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 11, 1884</i>		9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: <i>9</i> Days: <i>29</i>	11. Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>George Myers</i>				14. MOTHER'S MAIDEN NAME <i>Elizabeth Yeaggy</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Mrs. Edith P. Pather-5425 Deland Rd</i>	
18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Cerebral Hemorrhage</i>				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <i>Hypertensive Cardio-Vascular Renal Disease</i>						<i>10-15 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Acute Myocardial Infarction, congestive failure, Diabetes Mellitus</i>						<i>1-2 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>11/8</i> , 19 <i>50</i> , to <i>11/10</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11/10</i> , 19 <i>50</i> , and that death occurred at <i>5:45</i> a. m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Thomas S. Turner</i> M. D.				23B. ADDRESS <i>Harvey Hospital, Balto.</i>		23C. DATE SIGNED <i>11/10/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-13-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		24D. LOCATION (City, town, or county) (State) <i>Frederick Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>11-12-50</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George J. Ruth Inc.</i>		ADDRESS <i>1735 Hanford Ave</i>	

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

23

B-260

50

9667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9667

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie S. Baker

2. DATE
OF
DEATH

Nov. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1801 N. Mount St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1801 N. Mount St.

C. Length of stay in Baltimore

70 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/7/1869

9. AGE (In years

last birthday)

81

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Carrol Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elias Snowden

14. MOTHER'S MAIDEN NAME

Georiana Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mabel Rodgers 1801 N. Mount St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15-1950 to 11-10-1950, that I last saw the deceased alive on 11-10-1950, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/15/50

St. Luke Reistertown

Reistertown Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

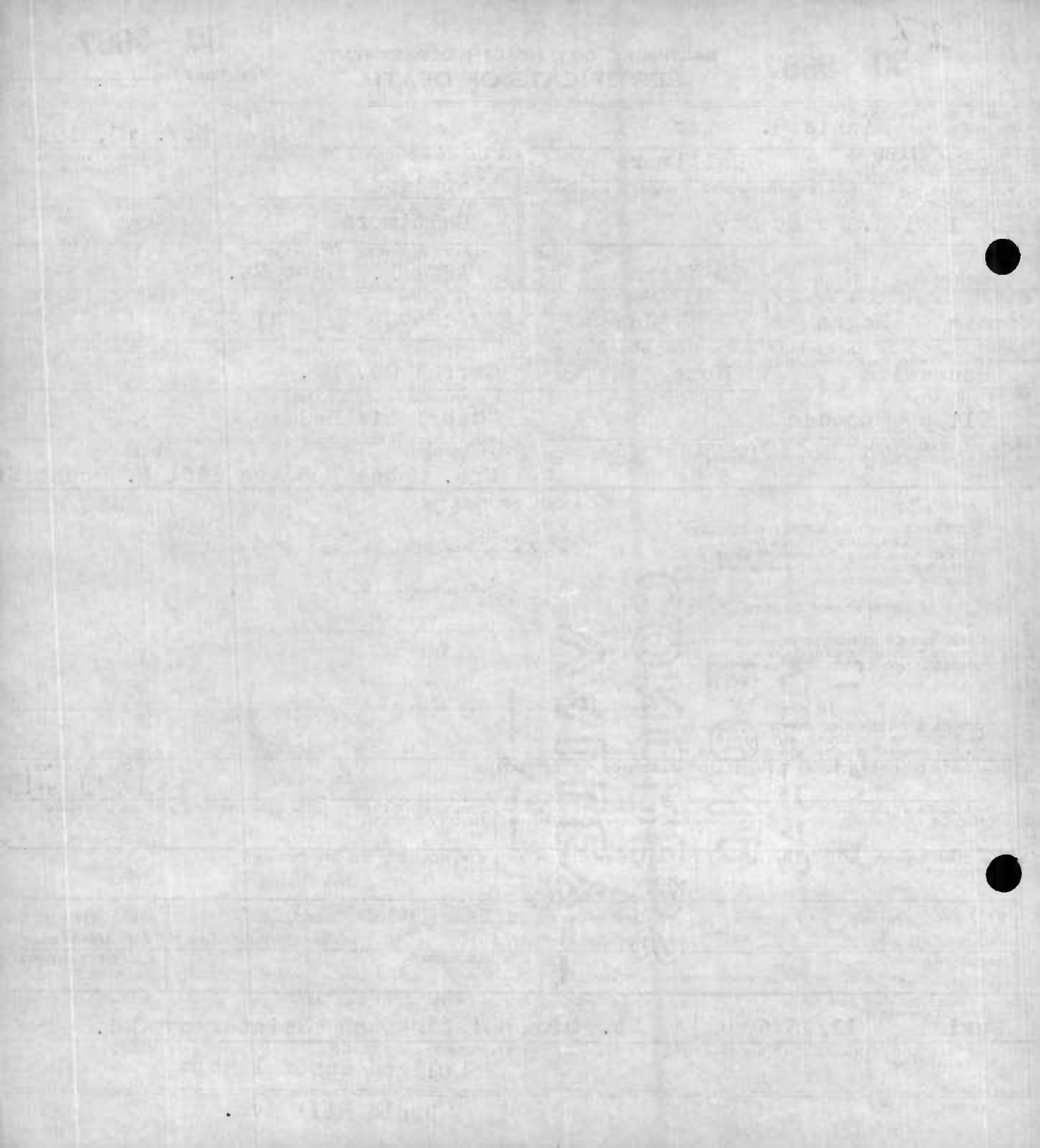
ADDRESS

Holland Funeral Home

NOV 1 2 1950

1631 Druid Hill Ave.

093d



K-450

9668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9668

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Kellom

2. DATE
OF
DEATH

Nov. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Cold Spring Conv. Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-02

D. STREET ADDRESS (If rural, give location)
1034 Argyle Ave.

c. Length of stay in Baltimore

85 Years

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 1, 1865

9. AGE (In years last birthday)

85

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)
Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? ? ? Sales

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. N. G. Chase 1034 Argyle Ave.

18. 172x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of uterus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 25, 1950, to Nov. 10, 1950, that I last saw the deceased alive on Nov. 10, 1950, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/14/50

Laural Cem.

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Nov 12 1950

Holland Funeral Home

1631 Druid Hill

30 1928

30 1928

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JAN 10 1928
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.



W-325
90-9669

50 9669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Rev. Harry Thomas Watson		11/8/1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION 335 Prestman Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03			
c. Length of stay in Baltimore 63 Years		d. STREET ADDRESS (If rural, give location) 335 Prestman St.			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/15/1886	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY B.O. Railroad		11. BIRTHPLACE (State or foreign country) Howard Co. Md.	
13. FATHER'S NAME Joseph Watson		14. MOTHER'S MAIDEN NAME Mary Stewart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Beatrice Brown 2124 Presbury St.	
18. 151x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cirrhosis of the Stomach. -DUE TO- (B) with Widespread Metastases -DUE TO- (C) Granulosa Adenocarcinoma INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 24, 1950, to Nov 8, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Dorothy H. Carter, Jr.		23B. ADDRESS 1125 Arbutus Ave. M. D.		23C. DATE SIGNED 11/11/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/13/50		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. PK.	
				24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William H. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home 1631 Druid Hill Ave.	

NOV 12 1950

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STANDARD FORM NO. 64

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AB-143194
50 9670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9670
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruby Doris Miller

2. DATE
OF
DEATH

11-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. Length of stay in Baltimore

4 days

Yrs.
Mos.
Days

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 9-1934

9. AGE (In years
last birthday)

16

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Self

13. FATHER'S NAME

Jim Parks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Bonnie Greer

17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 080.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bulbar and Spinal Polio

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2-Weeks

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-9-50

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy-Polio

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8-1950 to 11-12-1950 that I last saw the
deceased alive on 11-12-1950 and that death occurred at 6.45AM., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Ogden

M. D.

23B. ADDRESS
Baltimore City Hospitals
4940 Eastern Ave.

23C. DATE SIGNED

11-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 14-50

24C. NAME OF CEMETERY OR CREMATORY

Bowler Cem.

24D. LOCATION (City, town, or county)

Carroll Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 13 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

76 Burkhead Ave. Westminster Md.

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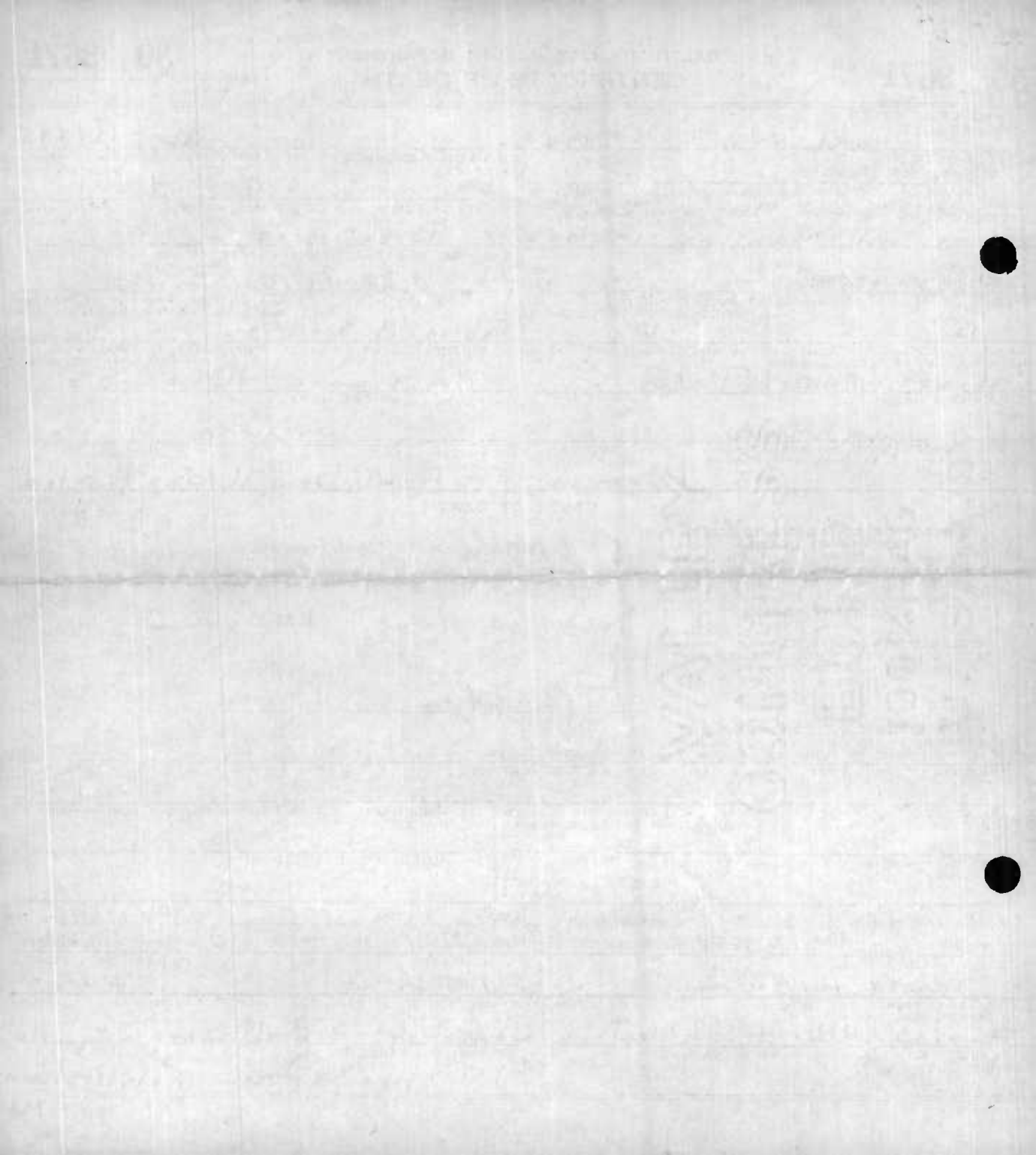
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420
50 9671
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9671

1. NAME OF DECEASED (Type or Print) <u>Edward K. Laws</u>			2. DATE OF DEATH <u>Nov. 12 - 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>6028 Old Harford Road -</u> <u>Beech Hill Nursing Home.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>1 yr.</u>			D. STREET ADDRESS (If rural, give location) <u>520 Anneslie Rd. 52000</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Feb. 10 - 1858</u>	9. AGE (In years last birthday) <u>92.</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Pinko Co.</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown -</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None.</u>		
17. INFORMANT <u>Mrs Anna Sewell</u>			ADDRESS <u>520 Anneslie Rd</u>		

18. <u>442X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bronchial Pneumonia.</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Cardio - Renal Vascular disease</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Sensitivity.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>Nov</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 12</u> , 19 <u>50</u> , and that death occurred at <u>2:18 Pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Harold H. Burns</u>		23B. ADDRESS <u>529 W. Charles St.</u>		23C. DATE SIGNED <u>Nov 12, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov. 14 - 50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Western Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore City Md.</u>		24E. FUNERAL DIRECTOR <u>J. F. Elmer & Sons - Reisterstown</u>		24F. ADDRESS <u>Reisterstown</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9672

HARVEY WILHELM

2. DATE OF DEATH 10-12-50

hospital or institution, give street address or location)

MEMORIAL HOSPITAL

Yrs.

Mos.

14 Days

MORE

RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

OWINGS MILLS

D. STREET ADDRESS (If rural, give location)

ROSEWOOD LANE 5200

8. DATE OF BIRTH

JULY 10, 1878

9. AGE (In years last birthday)

72

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Balt. Co. Sewer & Water Dept.

10B. KIND OF BUSINESS OR INDUSTRY

OPERATIVE

13. FATHER'S NAME

JACOB WILHELM

14. MOTHER'S MAIDEN NAME

REBECCA HARRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow)

Unknown

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mattie W. Wilhelm, Owings Mills

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinomatosis
Primary Site Undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

probably gall bladder or liver.

(over)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-29, 1950 to 11-12, 1950 that I last saw the deceased alive on 11-12, 1950, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 31950

J. F. Elmer, Sons Reisterstown Md.

If possible, please state a
more definite anatomical
location of the malignant tumor?

See Document File 50-9672

11-27-50.

CS.

250
50 9673BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9673

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Phillip Vazzana		2. DATE OF DEATH November 10 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 36 N. Milton Ave		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore 59 Yrs.		D. STREET ADDRESS (If rural, give location) 36 N. Milton Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11 1870
9. AGE (In years last birthday) 80		10. Under 1 Year Months: 6 Days: 02	11. Under 24 Hours Hours: 02 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason (Retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Cefalu' Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Giuseppe Vazzana		14. MOTHER'S MAIDEN NAME Isabella Barranco	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Luisa Salveti (Wife)		ADDRESS 36 N. Milton Ave	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-vascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			
19A. DATE OF OPERATION —		19B. MAJOR FINDINGS OF OPERATION —	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June , 19 50 , to — , 19 — , that I last saw the deceased alive on 11-10 , 19 50 , and that death occurred at 7:30 m., from the causes and on the date stated above.			
23A. SIGNATURE W. H. Schwartz		23B. ADDRESS 1129 St Paul St	
23C. DATE SIGNED 11-10-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE November 13/50	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE Frank Della Loggia	
25. FUNERAL DIRECTOR Frank Della Loggia		ADDRESS 322 S. High St.	

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November 10 1950

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0 9674
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9674
Registered No.1. NAME OF DECEASED
(Type or Print)

Rebecca Lahn

2. DATE
OF
DEATH

Nov. 12 / 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2332 Reisterstown Rd.

C. Length of stay in Baltimore

60 YRS.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

13. FATHER'S NAME

Morris Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2332 Reisterstown Road

8. DATE OF BIRTH

1875

9. AGE (In years last birthday)

75

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Fage?

17. INFORMANT

ADDRESS

Charles Lahn - 3304 Marnat Rd.

18. 332x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10/17/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TOCerebral & Generalized
Arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 17, 1950, to Nov. 12, 1950, that I last saw the deceased alive on 11/12/50, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Morrison

M. D.

23B. ADDRESS

11 E. Chase St. (Y)

23C. DATE SIGNED

11/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/13/50

24C. NAME OF CEMETERY OR CREMATORY

Aquadeth Achen Arch St. Baltimore, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1950

VS 150

Sol. Levinson Bros. - 1124-26 W. North

0836 Onenue

1528 06

THE UNIVERSITY OF CHICAGO
LIBRARY

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30 50 9675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9675
Registered No.

BIRTH NO. 50-23830

1. NAME OF DECEASED (Type or Print) BABY GIRL SMITH		2. DATE OF DEATH November 6 " 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 22-Dundalk	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3429 York Hwy 5200	
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH November 6 " 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (in years last birthday) -
13. FATHER'S NAME Joseph Francis Smith		14. MOTHER'S MAIDEN NAME Sara Rose Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service)		17. INFORMANT mother ADDRESS 3429 York Hwy	
16. SOCIAL SECURITY NO. -		12. CITIZEN OF WHAT COUNTRY? U. S.	

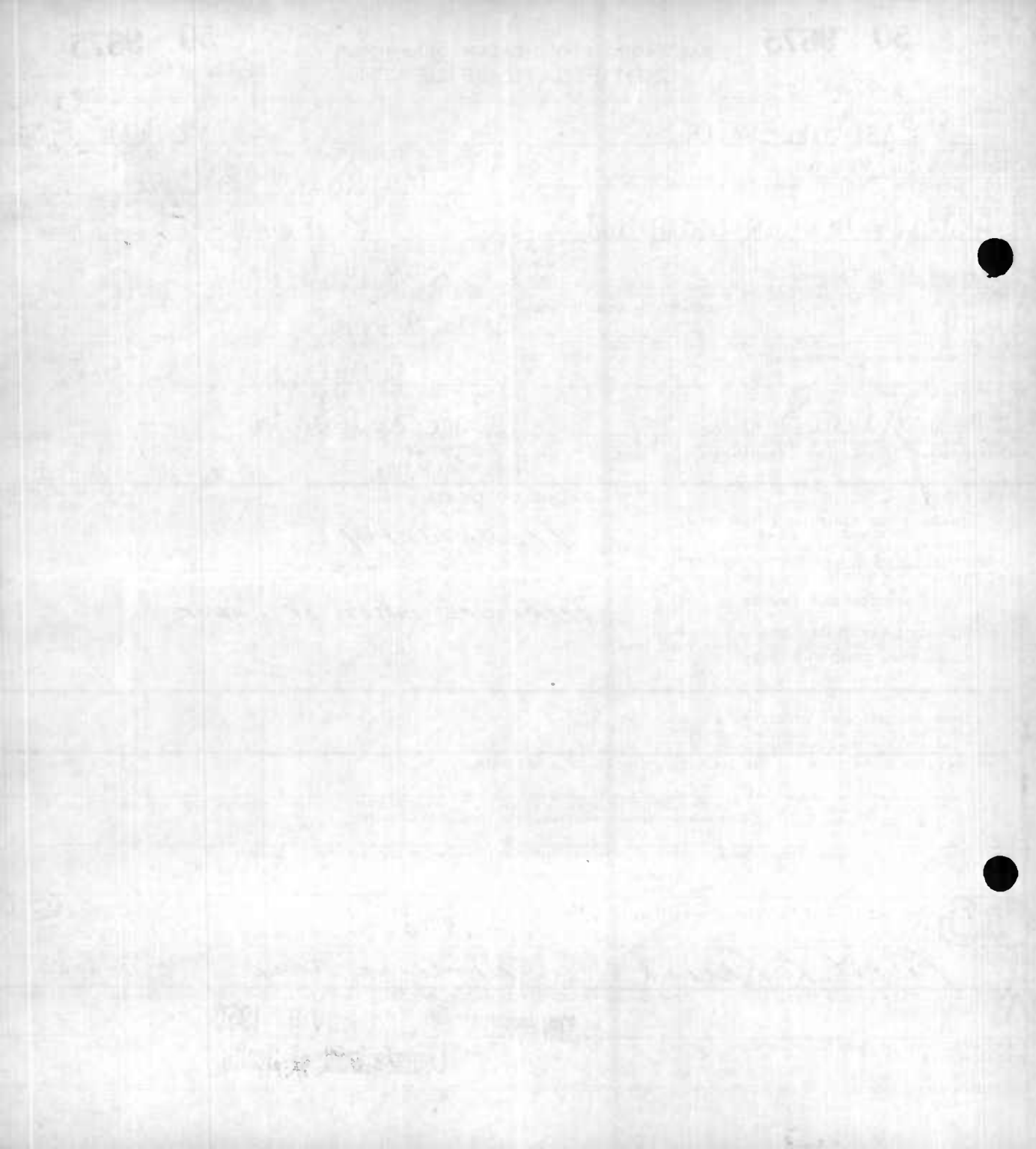
18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY DUE TO (A) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURE ONSET OF LABOR DUE TO (B) PREMATURE ONSET OF LABOR		
(C) -		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Robert R. Kacook** M. D. 23B. ADDRESS **Romanus Kacook** 23C. DATE SIGNED **11-6-50**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 1 3 1950		REGISTRAR'S SIGNATURE John Hopkins	25. FUNERAL DIRECTOR Commissioner of Health ADDRESS



22

50 9676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9676

Registered No. _____

BIRTH NO. 50-23650

1. NAME OF DECEASED (Type or Print) CHERYL ANN FERGUSON 2. DATE OF DEATH Nov. 5, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Ind. B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) Volunteers of America Hosp. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baeto - 23 19-03

D. STREET ADDRESS (If rural, give location) 325 Carey St. E. LENGTH OF STAY IN BALTIMORE 2 1/2 hours. Yrs. Mos. Days

5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH Nov. 5, 1950 9. AGE (In years last birthday) 2 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Baeto, Ind. 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Robert Ferguson 14. MOTHER'S MAIDEN NAME LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Larry Lee ADDRESS 325 Carey St.

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Respiratory failure INTERVAL BETWEEN ONSET AND DEATH 2 hours
DUE TO (A) _____
ANTECEDENT CAUSES (B) Pneumonia
DUE TO (C) _____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

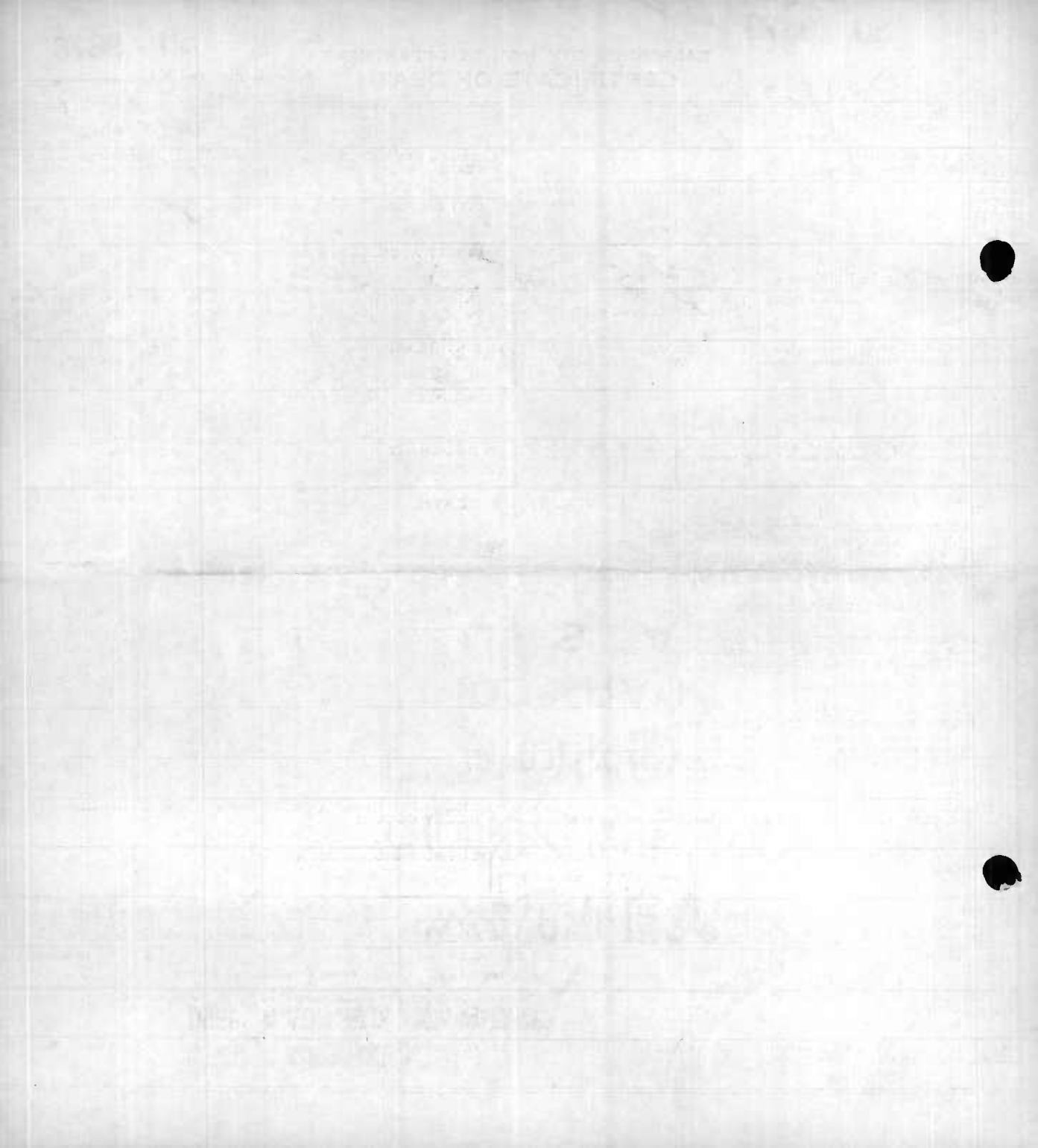
22. I hereby certify that I attended the deceased from Nov. 5, 1950, to Nov 5, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 3:00 p m., from the causes and on the date stated above.

23A. SIGNATURE Kenneth Gage 23B. ADDRESS Volunteers of America Hosp. 23C. DATE SIGNED 11/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR Commissioner of Health ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950 REGISTRAR'S SIGNATURE



622

CERTIFICATE CORRECTED 11-17-50

50 9677

BALTIMORE CITY HEALTH DEPARTMENT

50 9677

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH TERZICH (BORISLAV TERZICH)

2. DATE OF DEATH 11-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

HOME IMPROVEMENTS

13. FATHER'S NAME

JOSEPH TERZICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

216-05-1917

17. INFORMANT

AMELIA TERZICH

ADDRESS

1314 MC HENRY ST

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT 16 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) MALIGNANT HYPERTENSION 5 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11 1950, to 11/11 1950, that I last saw the deceased alive on 11/11 1950, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Reliak

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

11/12/50

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 15 1950

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 13 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Ruth G. B. M. Walters

ADDRESS

[Address]

VS 150

490 GG

083a (26)

30 557

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(1911)

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416
50 9678BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9678

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John A. Silberzahn

2. DATE

OF DEATH Nov. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1162 W. Hamburg St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1162 W. Hamburg St.

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist, Retired

10B. KIND OF BUSINESS OR INDUSTRY

Bartlett-Hayward

13. FATHER'S NAME

Charles A. Silberzahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Yes, no or unknown

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Helen Griffin 1162 W. Hamburg St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic Myocarditis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*
DUE TO(C) *Generalized Arteriosclerosis*

?

May 1950

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950 to Nov. 11, 1950, that I last saw the deceased alive on Nov. 10, 1950, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. B. Schreiber

M. D.

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

11-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

NOV 13 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Fred A. Cole

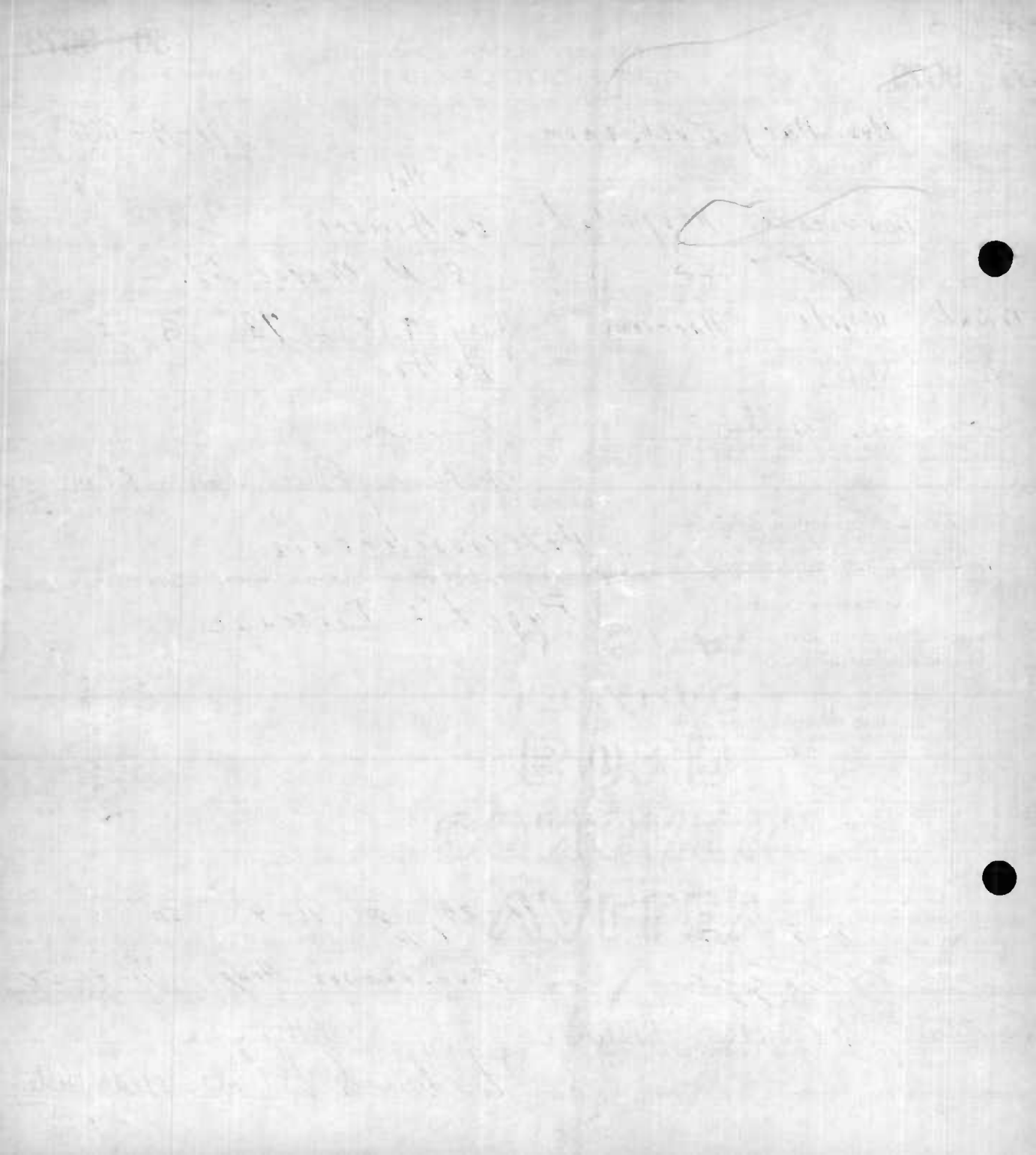
ADDRESS

1915 W. Balto. St

12 The end of the world

215
50 9679
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9679
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Mary Buchsbaum</i>			2. DATE OF DEATH <i>11-9-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Bon Secours Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>20-01</i>		
c. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>8 N. Monroe St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>July 19, 1872</i>	9. AGE (in years last birthday) <i>78</i>	If Under 1 Year Months Days <i>3 20</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>			11. BIRTHPLACE (State or foreign country) <i>Balto.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Conrad Miller</i>			14. MOTHER'S MAIDEN NAME <i>Anna</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mr. Henry Buchsbaum</i>			ADDRESS <i>8 N. Monroe</i>		
18. <i>450.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Atherosclerosis</i> (A) <i>Page 1's Disease</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Page 1's Disease</i> DUE TO (C) <i>Page 1's Disease</i> INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-29</i> , 19 <i>50</i> , to <i>11-9</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11-9</i> , 19 <i>50</i> , and that death occurred at <i>1 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Viagge</i>		23B. ADDRESS <i>BON SECOURS Hosp.</i>		23C. DATE SIGNED <i>11-9-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 13, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1950</i>		REGISTRAR'S SIGNATURE <i>Frederick A. Cole</i>		25. FUNERAL DIRECTOR <i>Frederick A. Cole</i> ADDRESS <i>1913 W. Balty</i>	



500

NAME

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9680

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Jose A. Name

2. DATE
OF
DEATH

Nov 11, '50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Columbia - S.A.
#639-76th St. - Barranguilla

c. Length of stay in Baltimore

Yrs.
2 Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

Surgeon

13. FATHER'S NAME

Harold Name

11. BIRTHPLACE (State or foreign country)

S.A.

12. CITIZEN OF
WHAT COUNTRY?

Columbia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 410 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardiac Failure - Rheumatic Heart Disease (inactive)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic Heart Disease

(C) DUE TO

Mitral stenosis + insufficiency

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1950, to Nov. 11, 1950 that I last saw the deceased alive on Nov. 11, 1950, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dex R. Martin

M. D.

JOHNS HOPKINS HOSPITAL

11-11-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

John O. Mitchell & Sons, Inc.

John O. Mitchell & Sons, Inc.

Was the rheumatic heart condition
accompanied by active rheumatism
prior about the time of death?

On inspection, quiescent — a chronic condition?

See Document File 50-9680

11-27-50

ES

624
50 9681
BIRTH NO.
CERTIFICATE CORRECTED

11-15-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 9681

1. NAME OF DECEASED (Type or Print) <i>Jesse C. Marshall</i>		2. DATE OF DEATH <i>11-12-50</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>LUTHERAN HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>DUNDALK</i> <i>5300</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>226 ST. HELENA AVE</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M. Widowed</i>	8. DATE OF BIRTH <i>OCT. 13, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>REPAIRMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>BETHLEHEM STEEL</i>	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (State or foreign country) <i>BALTIMORE</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>CHARLES MARSHALL</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHN J. MARSHALL</i>		ADDRESS <i>67 KINSHIP-22</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Myocardial Infarction</i> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-5</i> , 1950, to <i>11-12</i> , 1950, that I last saw the deceased alive on <i>11-12</i> , 1950, and that death occurred at <i>7⁴⁵</i> A. M., from the causes and on the date stated above.			
23A. SIGNATURE <i>Jerome Gaber</i>		23B. ADDRESS <i>Lutheran Hosp.</i>	
23C. DATE SIGNED <i>11-12-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11/15/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>OAK LAWN</i>		24D. LOCATION (City, town, or county) (State) <i>COLGATE MD</i>	
25. FUNERAL DIRECTOR <i>ULLRICH FUNERAL HOME</i>		ADDRESS <i>DUNDALK MD</i>	

1881

02

1881

02



256
9682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9682
Registered No.

BIRTH NO.		H.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		CHARLES WAGNER		10 Nov '50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore 9-07	
c. Length of stay in Baltimore 62		D. STREET ADDRESS (If rural, give location)		1422 E. LANVALE ST #13	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Salesman		Dairy (R)		Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Henry Wagner		Amelia ?		USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		217-0316289		1422 E. Lanvale Street Mrs. Mamie M. Wagner	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Ventricular Fibrillation			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(B) Acute Myocardial Infarction			
		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Arteriosclerotic cardio-vasc. disease			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 4 AM 10 Nov, 1950, to 8 AM 10 Nov, 1950, that I last saw the deceased alive on 10 Nov, 1950, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
George H. Pennington M. D.		Sinai Hosp.		10 Nov 50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
burial		11/13/50		Western Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 13 1950				HENRY SANDER & SONS, INC. BALTO., 13, Md.	

4906B

093d

00 9885

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BALINDA - MALAY SINGAPORE

CERTIFICATE OF DEATH

00 9885



520
0 9683BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9683
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES T. THOMAS (CHARLES T. THOMAS)

DATE OF DEATH

Nov. 10 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

MARYLAND GENERAL Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX M 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MARKET RESEARCH

10B. KIND OF BUSINESS OR INDUSTRY

Building Construction

13. FATHER'S NAME

William Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-10-6701

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. 7943 Shirley R. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rose Dale

D. STREET ADDRESS (If rural, give location)

7943 Shirley Avenue

8. DATE OF BIRTH

Feb 1, 1891

9. AGE (in years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

ARKANSAS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

MARY CROSSAND

17. INFORMANT 7943 Shirley Avenue

Mrs Clara M. Thomas

1B. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE CARDIO-
VASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

2 months

1 yr.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13 1950, to 11/10 1950, that I last saw the deceased alive on 11/10 1950, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Verone

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

11/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/13.50

24C. NAME OF CEMETERY OR CREMATORY

OakLawn cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

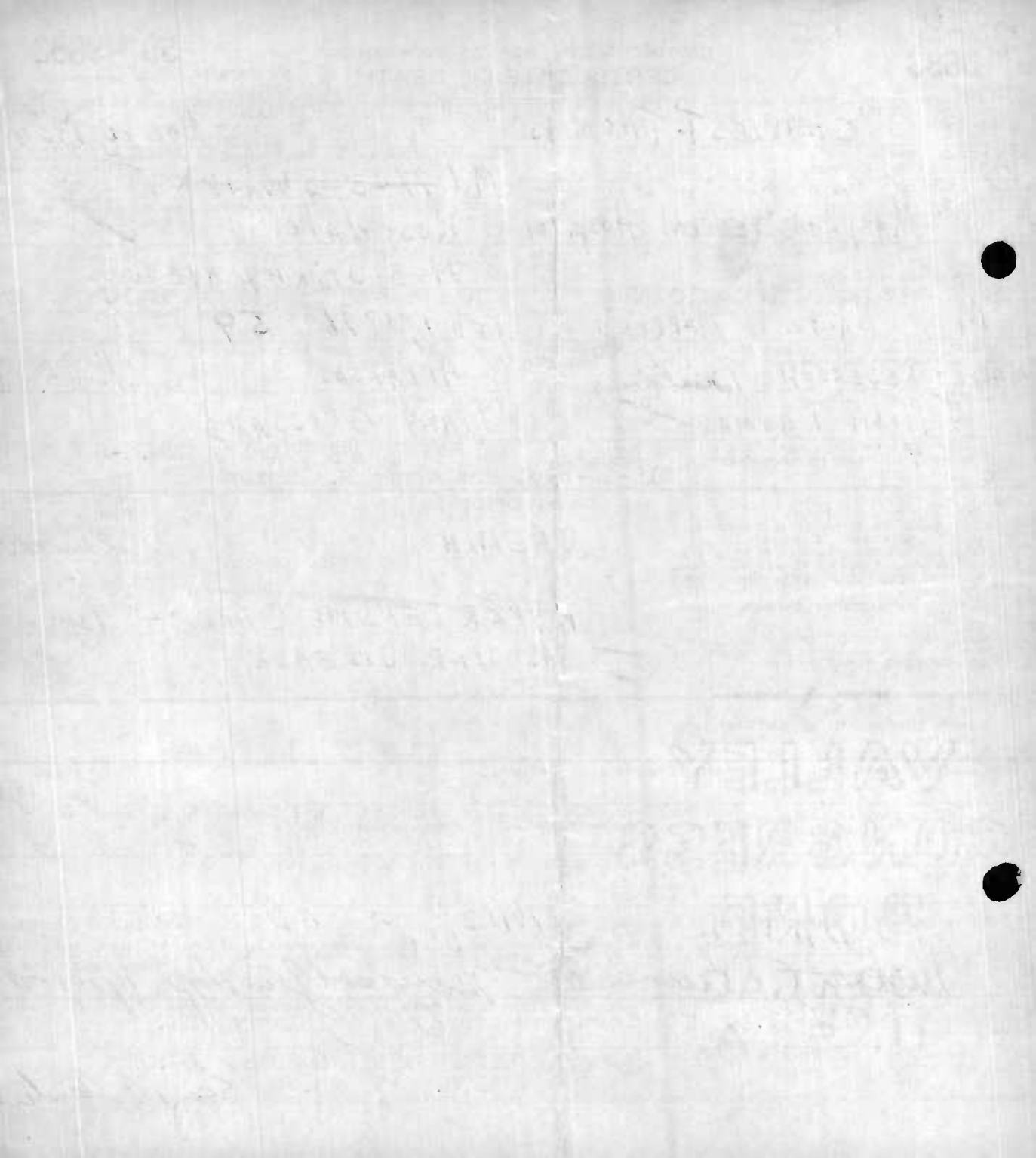
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

HENRY SANDER & SONS, INC. ADDRESS

BALTO., 13, MD.

Seay P. Sander



241
50 9684
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9684

1. NAME OF DECEASED (Type or Print) ARTHUR M MCGILVERY		2. DATE OF DEATH 11-12-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6603 KENWOOD AVE 5300	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-27-01
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		10B. KIND OF BUSINESS OR INDUSTRY Steel Mill	9. AGE (in years last birthday) 49
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME JOSEPH MCGILVERY		14. MOTHER'S MAIDEN NAME ROBINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-07-4596	
17. INFORMANT LILLIAN MCGILVERY		ADDRESS SAME	
18. 159x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHEMICAL PERITONITIS DUE TO ACUTE PANCREATITIS DUE TO CARCINOMA OF PANCREAS (PROBABLE) INTERVAL BETWEEN ONSET AND DEATH 5 DAYS 6 DAYS 6 MO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 11/2/50		19B. MAJOR FINDINGS OF OPERATION PROBABLE CARCINOMA OF PANCREAS	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 11-1 1950, to 11-12 , 1950, that I last saw the deceased alive on 11-12 , 1950, and that death occurred at 12:15 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Paul L. Harold		23B. ADDRESS Maryland General Hosp	
23C. DATE SIGNED 11-12-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/15/50	
24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE Henry Sander & Sons, Inc.	
25. FUNERAL DIRECTOR Henry Sander & Sons, Inc.		ADDRESS Balto. 15, Md.	

610
50 9685BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9685
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marion S. Sharpe

2. DATE
OF
DEATH

Nov. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Ambassador Apartments

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Ambassador Apartments

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

July 20, 1870

9. AGE (In years last birthday)

80

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel A. Sollenberger

14. MOTHER'S MAIDEN NAME

Margaret Randall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
McCord Sollenberger, Baldwin, Maryland

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)Carcinoma of right Breast (operation)
Arteriosclerosis

4 years ago

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1929, to Nov. 11, 1950, that I last saw the deceased alive on 11/11, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Theodore H. Morrison

23B. ADDRESS

1115 Chase St

23C. DATE SIGNED

11/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/13/50

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1950

Am. Cork Inc. 1217 St. Paul Street

General of the
General of the
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320
50 9686BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9686

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Starke Marie A. Lutz

2. DATE
OF
DEATH

11/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3108 Echodale

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Edward Swisler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1/6/1893

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Margaret Linger

17. INFORMANT

ADDRESS

Dr. J. Starke Lutz, 3108 Echodale

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary artery disease

15 min.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1950, to Nov 10, 1950, that I last saw the
deceased alive on Nov 10, 1950, and that death occurred at 7:11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm J. Schmitz

M. D.

701 N Kenwood Ave.

11/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1950

REGISTRAR'S SIGNATURE

J. J. Schmitz, M.D.

ADDRESS

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0800

8132

General Mr. [illegible]

Very truly yours,
[illegible signature]

1000 1000 1000

1000 1000 1000

[illegible signature]

635
0 9687
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9687
Registered No.

1. NAME OF DECEASED (Type or Print) LEVIN A. WROTEN			2. DATE OF DEATH Nov. 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3704 Woodridge Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3704 Woodridge Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 18, 1870	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY Bldg. Construction		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Joseph Wroten		
14. MOTHER'S MAIDEN NAME Clementine Wroten			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Eva Wroten - 3704 Woodridge Rd.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC MYOCARDITIS. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLEROSIS DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yrs.		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from JAN 15, 1950 to NOV. 11, 1950 , that I last saw the deceased alive on NOV. 10, 1950 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Norman R. Kleinman M. D.			23B. ADDRESS 3803 Edmondson Ave		
23C. DATE SIGNED 11/13/50			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 11/14/50			24C. NAME OF CEMETERY OR CREMATORY Greenlawn Cem.		
24D. LOCATION (City, town, or county) (State) Cambridge, Md.			25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickner & Sons - Balt Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950			REGISTRAR'S SIGNATURE VS 150		

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320

9688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9688

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		RAYMOND GLADSTONE TITUS		Nov. 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1003 Rosedale St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 1904	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Golden Titus		14. MOTHER'S MAIDEN NAME Maggie Fisk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-09-2040		17. INFORMANT Mrs. Devonia Titus - 1003 Rosedale St.	
18. 561.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Pneumonia Uremia Chronic Peptic Ulcer Chronic arthritis Herniation of viscera through pylorus		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH (over)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 24 Oct 1950		19B. MAJOR FINDINGS OF OPERATION Chronic peptic ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 21, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 1:50 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Ronald J. Heaton M.D.		23B. ADDRESS Church Home Hosp.		23C. DATE SIGNED Nov. 11, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/14/50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		24F. REGISTRAR'S SIGNATURE Jm. J. Tickenner - Balto. Md.	
24G. FUNERAL DIRECTOR Jm. J. Tickenner - Balto. Md.		24H. ADDRESS			

See Document File 50-9688

Corrected causes of death by findings
operational + autopsy

11. 27. 50

ES.

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02

0800

[Faint, illegible handwriting on lined paper]

252

50 9690

(859188)
BIRTH NO. 20-23999BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9690

Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Hawkins			2. DATE OF DEATH November 6, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write rural and give township) Arnold		
C. Length of stay in Baltimore 2 days			D. STREET ADDRESS (If rural, give location) 5200		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH November 4, 1950		9. AGE (In years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME Clarence Hawkins			14. MOTHER'S MAIDEN NAME Bertha Woodard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records		

MEDICAL CERTIFICATION

18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia		CAUSE OF DEATH (A) Pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH Began higher fever Began life birth " "
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Aspiration of infected amniotic fluid		(B) Aspiration of infected amniotic fluid DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prolonged rupture of maternal membranes Forceps delivery		(C) Prolonged rupture of maternal membranes Forceps delivery		
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 4, 1950 , to November 6, 1950 , that I last saw the deceased alive on November 6, 1950 , and that death occurred at 5:00 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE James Hopkins		23B. ADDRESS James Hopkins		23C. DATE SIGNED 11-7-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hope Cemetery	
24D. LOCATION (city, town, or county)		24E. LOCATION (State)		25. FUNERAL DIRECTOR James Hopkins	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE William Williams		ADDRESS 160c	

160
9691 (162511)BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9691

Registered No. _____

BIRTH NO. 50-24000

1. NAME OF DECEASED (Type or Print) Baby Cooper "Vernetta"			2. DATE OF DEATH November 6, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 2 days			D. STREET ADDRESS (If rural, give location) 518 Baker Street		
5. SEX Female	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH November 4, 1950	9. AGE (In years last birthday) 2	If Under 1 Year Months: Days 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY -			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Melvin Custalow			14. MOTHER'S MAIDEN NAME Vernetta Campbell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Hospital Records			ADDRESS _____		

18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Unknown DUE TO Unknown DUE TO Unknown DUE TO Prematurity	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 46 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION Unknown	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from November 4, 1950 , to November 6, 1950 , that I last saw the deceased alive on November 6, 1950 , and that death occurred at 3:50 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Bruce Danzig	23B. ADDRESS M. D. _____	23C. DATE SIGNED 11-7-50
24A. BURIAL, CREMATION, REMOVAL (Specify) _____	24B. DATE _____	24C. NAME OF CEMETERY OR CREMATORY Hope Burial
24D. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR 9690
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE Wm. J. Williams

Dr. Gordy
50-9692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9692

BIRTH NO. Med. Ex.

1. NAME OF DECEASED (Type or Print) <i>Joseph Clarkson</i>			2. DATE OF DEATH <i>Nov. 8-1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2808 Leuckert Ave.</i>			C. CITY OR TOWN (If outside corporate limits, give location and township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2808 Leuckert Avenue</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 5-1882</i>	9. AGE (In years, last birthday) <i>68</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <i>Retired Machinist, self repair</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Joseph A. Clarkson</i>		
14. MOTHER'S MAIDEN NAME <i>Mary Belle ?</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mrs. Joseph Clarkson, 3 Orchard Rd.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>Coronary Occlusion</i>		<i>unmediate</i>	
(B) DUE TO		<i>Chronic Myocarditis</i>		<i>3 years</i>	
(C) DUE TO		<i>Hypertension</i>		<i>5 years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>no</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>none</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 15th</i> , 19 <i>45</i> , to <i>Nov 8th</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Oct 30th</i> , 19 <i>48</i> , and that death occurred at <i>3 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Gordy</i>		23B. ADDRESS <i>5106 Harford Road</i>		23C. DATE SIGNED <i>11-11-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/13/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1950</i>		REGISTRAR'S SIGNATURE <i>William H. ...</i>		25. FUNERAL DIRECTOR ADDRESS <i>J. Luck, 5305 Harford Rd</i>	

NOT A MEDICAL EXAMINER'S CASE

Stanley H. Dunsen, M.D.

CHIEF OR ASST. MEDICAL EXAMINER

240
50 9693
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9693
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles Vogel</i>		2. DATE OF DEATH <i>11/11/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. Agnes Hosp</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>26-07</i>	
D. STREET ADDRESS (If rural, give location) <i>600 S. Mason St #24</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>11-15</i>	
9. AGE (In years last birthday) <i>55</i>		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Sam</i>		14. MOTHER'S MAIDEN NAME <i>Mary Broderick</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Adeno-Carcinoma, Head</i> DUE TO <i>of Pancreas with</i> (B) <i>generalized abdominal</i> DUE TO <i>metastasis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>14 mos.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Dilatation of Rct. Ventricle</i>		

19A. DATE OF OPERATION <i>Sept. 1949</i>	19B. MAJOR FINDINGS OF OPERATION <i>Inoperable Adeno-Carcinoma of Pancreas</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-22* 19*50*, to *11-11*, 19*50*, that I last saw the deceased alive on *11-11*, 19*50*, and that death occurred at *3:20* a. m., from the causes and on the date stated above.

23A. SIGNATURE *Stephen H. Padonis* M. D. 23B. ADDRESS *St. Agnes Hospital* 23C. DATE SIGNED *Nov. 11, 1950*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *11-15-50* 24C. NAME OF CEMETERY OR CREMATORY *Oak Lawn* 24D. LOCATION (City, town, or county) (State) *Baltimore, Md*

DATE RECEIVED BY LOCAL REGISTRAR *11-13-50* REGISTRAR'S SIGNATURE *William H. Williams* 25. FUNERAL DIRECTOR *W. J. Wolf* ADDRESS *403 S. Wolfe St*

2906A 0469

2023

2023

11/1/20

Charles Page

Dear

St. Agnes Hospital

Wood Street, St. Louis

11-12

11

11/1

My dear Mr. Page

Thank you for

Yours

My dear Mr. Page

320
0 9694BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9694

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY J. GOETZ

2. DATE
OF
DEATH

Nov 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 2476-07

D. STREET ADDRESS (If rural, give location)

3707 Foster Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 4, 1902

9. AGE (In years last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None LEAD BURNER

10B. KIND OF BUSINESS OR INDUSTRY

LEAD (M)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Christopher Goetz

14. MOTHER'S MARDEN NAME

Annie Gydardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wife

same

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Thrombosis Basilar Artery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Uremia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio Sclerotic Cardio-Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

11/10/50

19B. MAJOR FINDINGS OF OPERATION

Multiple Nephroses - Neg. for Abscess or Pyelitis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐

m.

WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4 - , 1950, to 11-10 , 1950, that I last saw the deceased alive on 11-10 , 1950, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Philip W. Deunman M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-10-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-11-50

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hilger & Zischler 403 S. Wolfe Street

NOV 13 1950

VS 150

5943C 10

093d

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

January 1, 1914

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
J. B. H. [Signature]

Enclosed for you are two copies of the report of the [Name] [Title] [Department] [Date] [Page] [Page]

Very truly yours,
J. B. H. [Signature]

Enclosed for you are two copies of the report of the [Name] [Title] [Department] [Date] [Page] [Page]

Very truly yours,
J. B. H. [Signature]

Enclosed for you are two copies of the report of the [Name] [Title] [Department] [Date] [Page] [Page]

Very truly yours,
J. B. H. [Signature]

Enclosed for you are two copies of the report of the [Name] [Title] [Department] [Date] [Page] [Page]

Very truly yours,
J. B. H. [Signature]

Enclosed for you are two copies of the report of the [Name] [Title] [Department] [Date] [Page] [Page]

Very truly yours,
J. B. H. [Signature]

Enclosed for you are two copies of the report of the [Name] [Title] [Department] [Date] [Page] [Page]

252
50 9695

CERTIFICATE CORRECTED 11-13-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9695

1. NAME OF DECEASED (Type or Print) MC GINNIS, Dorothea Lou		2. DATE OF DEATH November 11, 1950 9:50 AM	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U. S. Marine Hospital Baltimore 11, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Baltimore) Woodlawn	
D. STREET ADDRESS (If rural, give location) 7001 Windsor Mill Road		5. SEX female	
6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Apr. 11, (-Oct-10) 1925		9. AGE (In years last birthday) 25 yrs. 1 mo. & 1 day	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME (Lawrence) Credlein		14. MOTHER'S MAIDEN NAME Dorothea Viessman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. (none)	
17. INFORMANT Mr. Lawrence A. McGinnis-7001 Windsor (Records--U.S. Marine Hosp., Baltimore, Md)		ADDRESS	

18. 204.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEMORRHAGE INTRACEREBRAL RECENT		213-20-2496 0439 CAUSE OF DEATH HEMORRHAGE INTRACEREBRAL RECENT		Interval between onset and death 5 months.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. LEUCEMIA with marked		DUE TO THROMBOCYTOPENIA			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 9 , 19 50 , to Nov. 11 , 19 50 , that I last saw the deceased alive on Nov. 11 , 19 50 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE John F. Lowrey		23B. ADDRESS U.S. Marine Hospital, Baltimore, Md.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/14/50		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem	
24D. LOCATION (City, town, or county) (State) Franklin Rd. Md		25. FUNERAL DIRECTOR E. W. Lamorean		ADDRESS Liberty Heights Ave	
DATE RECEIVED BY NOV 13 1950		REGISTRAR'S SIGNATURE Antonia Williams, Md			

MEDICAL CERTIFICATION

0742

2002 05

REPORT OF DEATH

0000

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Age at Death		6. Sex	
7. Marital Status		8. Occupation	
9. Education		10. Religion	
11. Date of Birth		12. Place of Birth	
13. Date of Death		14. Time of Death	
15. Date of Death		16. Time of Death	
17. Date of Death		18. Time of Death	
19. Date of Death		20. Time of Death	
21. Date of Death		22. Time of Death	
23. Date of Death		24. Time of Death	
25. Date of Death		26. Time of Death	
27. Date of Death		28. Time of Death	
29. Date of Death		30. Time of Death	
31. Date of Death		32. Time of Death	
33. Date of Death		34. Time of Death	
35. Date of Death		36. Time of Death	
37. Date of Death		38. Time of Death	
39. Date of Death		40. Time of Death	
41. Date of Death		42. Time of Death	
43. Date of Death		44. Time of Death	
45. Date of Death		46. Time of Death	
47. Date of Death		48. Time of Death	
49. Date of Death		50. Time of Death	
51. Date of Death		52. Time of Death	
53. Date of Death		54. Time of Death	
55. Date of Death		56. Time of Death	
57. Date of Death		58. Time of Death	
59. Date of Death		60. Time of Death	
61. Date of Death		62. Time of Death	
63. Date of Death		64. Time of Death	
65. Date of Death		66. Time of Death	
67. Date of Death		68. Time of Death	
69. Date of Death		70. Time of Death	
71. Date of Death		72. Time of Death	
73. Date of Death		74. Time of Death	
75. Date of Death		76. Time of Death	
77. Date of Death		78. Time of Death	
79. Date of Death		80. Time of Death	
81. Date of Death		82. Time of Death	
83. Date of Death		84. Time of Death	
85. Date of Death		86. Time of Death	
87. Date of Death		88. Time of Death	
89. Date of Death		90. Time of Death	
91. Date of Death		92. Time of Death	
93. Date of Death		94. Time of Death	
95. Date of Death		96. Time of Death	
97. Date of Death		98. Time of Death	
99. Date of Death		100. Time of Death	

C-200
50 9696BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9696
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CATHERINE		2. DATE OF DEATH Nov. 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland University Hosp		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1531 N. Hilmar St			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 2/8/1906	9. AGE (In years last birthday) 44	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md	
13. FATHER'S NAME Edward Carter		14. MOTHER'S MAIDEN NAME Catherine Countess		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Warren H. Cook 1531 N. Hilmar St	

18. **002 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) **Pulmonary Tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said **Autopsy, Inspection or Inquiry**, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Dunsicker		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 12, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/14/50		24C. NAME OF CEMETERY OR CREMATORY St Peters	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. H. Nelson	
				ADDRESS 1303 Presstman St	

V NOV 13 1950

0131

5-630
50 9697BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 9697

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Philip Schrauth

2. DATE
OF
DEATH11/12/50 3
before admission)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

450 N. Clinton St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or so if retired)

Reliefed Ins. Agent

10B. KIND OF BUSINESS OR INDUSTRY

Sun Life Co

13. FATHER'S NAME

(Unknown) Schrauth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-01-8107A

8. DATE OF BIRTH

8/30/1874

9. AGE (In years last birthday)

76

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Lillian Smith 450 N. Clinton St

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

11-12-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Anterior Sclerosis

10-13-50

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prostatic Hypertrophy

10-13-50

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Prellman

23B. ADDRESS

3426 Bank St

23C. DATE SIGNED

11-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/14/50

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1950

VS 150

A. J. Blechman

Wm Cook Inc. 1217 St. Paul St.

094a

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

455
50 9698
BIRTH NO.

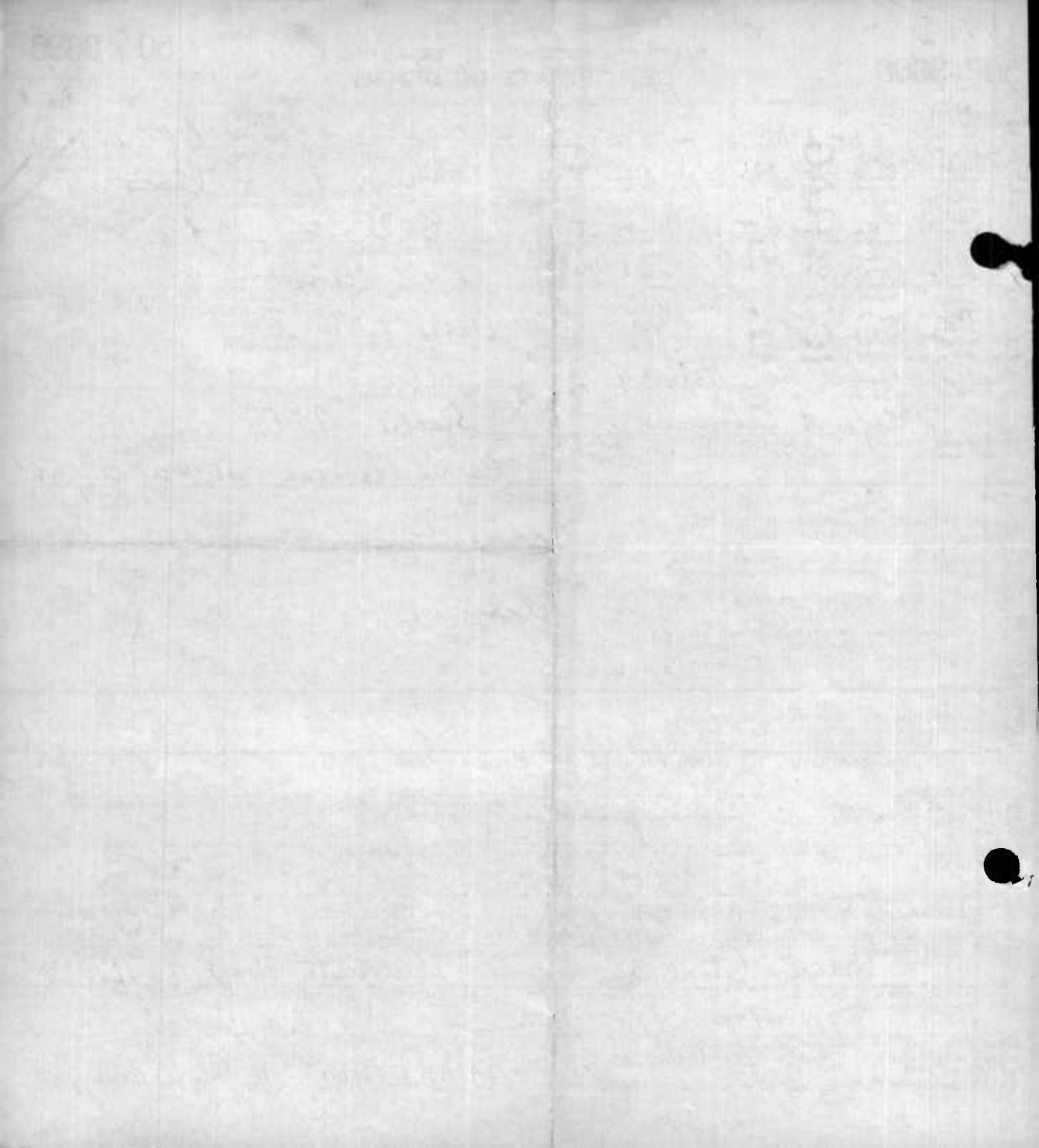
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9698
Registered No.

1. NAME OF DECEASED (Type or Print) DELMAS JAMES CLEMONS		2. DATE OF DEATH Nov 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md 23-01	
Length of stay in Baltimore 35 yrs		D. STREET ADDRESS (If rural, give location) 171 W. Hamburg St	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug 7, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labum		9. AGE (in years last birthday) 64	
10B. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTH PLACE (State or foreign country) Ala	
13. FATHER'S NAME Belford Clemons		12. CITIZEN OF WHAT COUNTRY? Ala	
14. MOTHER'S MAIDEN NAME Ballie Miles		17. INFORMANT Carrie Clemons 171 W. Hamburg St	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 179x	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ca of Penis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO Uremia		
DUE TO		
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia		
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11/14/50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) University Hoop		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1010-50	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/14/50		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Walter Glaser		23B. ADDRESS University Hoop		23C. DATE SIGNED 10-10-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) 11/14/50		24B. DATE 11/14/50		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) (State) AA Co. Md		25. FUNERAL DIRECTOR ISAIAH L. BROWN SON		ADDRESS 10540 Montg omery St	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9699
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ERNEST MAC KAY		2. DATE OF DEATH November 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 927 N. Calvert Street	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1/23/83	9. AGE (In years last birthday) 67	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet-metal-Worker		10B. KIND OF BUSINESS OR INDUSTRY Deary Supplies		11. BIRTHPLACE (State or foreign country) Heerworth Ontario	
13. FATHER'S NAME John Mc Kay		14. MOTHER'S MAIDEN NAME Fannie Bughan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-05-8506		17. INFORMANT ADDRESS Lillian Bunsicker, Detroit Mich	

18. **420.0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Arteriosclerotic heart disease**
DUE TO

ANTECEDENT CAUSES
(B) _____
DUE TO
(C) _____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE RS Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 13, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Nov 16 1950		24C. NAME OF CEMETERY OR CREMATORY Detroit Mich.	
				24D. LOCATION (City, town, or county) (State) Detroit Mich	

DATE RECEIVED BY LOCAL REGISTRAR VI 31950		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Schwensberg Funeral Home	
				ADDRESS 1126 West Coast	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH

2 3



326

STAGER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9700
Registered No.50 9700
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Charles Stager		2. DATE OF DEATH 11/12/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, before admission): A. STATE Maryland B. COUNTY Harford	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Spysland general Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Toppa	
c. Length of stay in Baltimore #		D. STREET ADDRESS (If rural, give location) Philadelphia Road 6200	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-25-1886 AGE (In years last birthday) 64 Months 9 Days 17
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired coal miner		10B. KIND OF BUSINESS OR INDUSTRY Coal Mines	
13. FATHER'S NAME Frank Stager		12. CITIZEN OF WHAT COUNTRY? naturalized USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 193-01-2912	
11. BIRTHPLACE (State or foreign country) Austria		12. MOTHER'S MAIDEN NAME Emma Schasmander	
17. INFORMANT Mary Markel Stager		ADDRESS Philadelphia Rd. 4510	

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Pulmonary infarctions**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Phlebothromoses (leg veins)**

DUE TO

unknown(C) **Arteriosclerotic Cardiovascular Disease****unknown**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Sclerosis, Arteriosclerotic heart disease**unknown**19A. DATE OF OPERATION **11/16/50** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from **8/8**, 19**50**, to **11/12**, 19**50** that I last saw the deceased alive on **11/12**, 19**50**, and that death occurred at **10:48** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Maguente Louisa Candlen**Maryland General Hosp.****11/13/50**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**11-16-50****Evergreen Memorial****Point Marston, Fayette Co Va**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 31950**Huntington Williams****George J. Fulk Inc - 1735 Harford Ave**VS 150
Previous admissions**10-8-49 - 10-22-49**
12-19-49 - 1-11-50**65021****093d**

MEDICAL CERTIFICATION

132

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9701
Registered No. _____

400
9701

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Emma S. Zile</i>		2. DATE OF DEATH <i>Nov. 13, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4413 Old Fred. Rd.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City.</i>	
C. Length of stay in Baltimore <i>46</i> Yrs. <i>0</i> Mos. <i>0</i> Days		D. STREET ADDRESS (If rural, give location) <i>4413 Old Frederick Rd.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-3-1866</i>
		9. AGE (In years last birthday) <i>84</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Conrad Bowers</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Wadges</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or noknown) <i>no</i> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Grace Ruppel</i>		ADDRESS <i>Same as above</i>	

<p>18. <i>592x</i></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>chronic nephritis</i> DUE TO _____</p> <p>(B) <i>senile cerebro sclerosis</i> DUE TO _____</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH _____</p>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED _____		21F. HOW DID INJURY OCCUR? _____	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from *Jan 19, 1945* to *Nov 13, 1950*, that I last saw the deceased alive on *11/10, 1950*, and that death occurred at *10:27 a.m.* from the causes and on the date stated above.

23A. SIGNATURE <i>Samuel Ruben</i>		23B. ADDRESS <i>203 Callesco Ave</i>		23C. DATE SIGNED _____	
M. D. _____					

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11-16-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>EBENEZER</i>	
				24D. LOCATION (City, town, or county) (State) <i>CARROLL Co. Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1950</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>G. M. Waltz</i>	
				ADDRESS <i>Wm. Fred. Md.</i>	

22
9702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Pe 1127
50 9702
Registered No.

1. NAME OF DECEASED (Type or Print) Frank Grochowski		2. DATE OF DEATH Nov, 12-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 616 S. Bethel Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 616 South Bethel Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8-1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Iron Moulder	11. BIRTHPLACE (State or foreign country) Germany
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Iron Moulder		10B. KIND OF BUSINESS OR INDUSTRY Metalworking	12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME John Grochowski		14. MOTHER'S MAIDEN NAME Johanna ?Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. none	
17. INFORMANT Margaret Grochowski		ADDRESS 616 S. Bethel Street	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 11/12-50 11/1/49 Jan. 1. 48
CAUSE OF DEATH (A) Ch. Myocarditis DUE TO		
(B) Generalized Arterio. Sclerosis DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov 12 1950		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 1 1949 , to Nov 12 1950 , that I last saw the deceased alive on Nov 12 1950 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Ryan		23B. ADDRESS 801 - Kenwood Rd		23C. DATE SIGNED 11/13/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 15, 1950	24C. NAME OF CEMETERY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE William J. Ryan		25. FUNERAL DIRECTOR George A. Weber	
VS 150				ADDRESS 706 S. Ann St	

5613F

093D

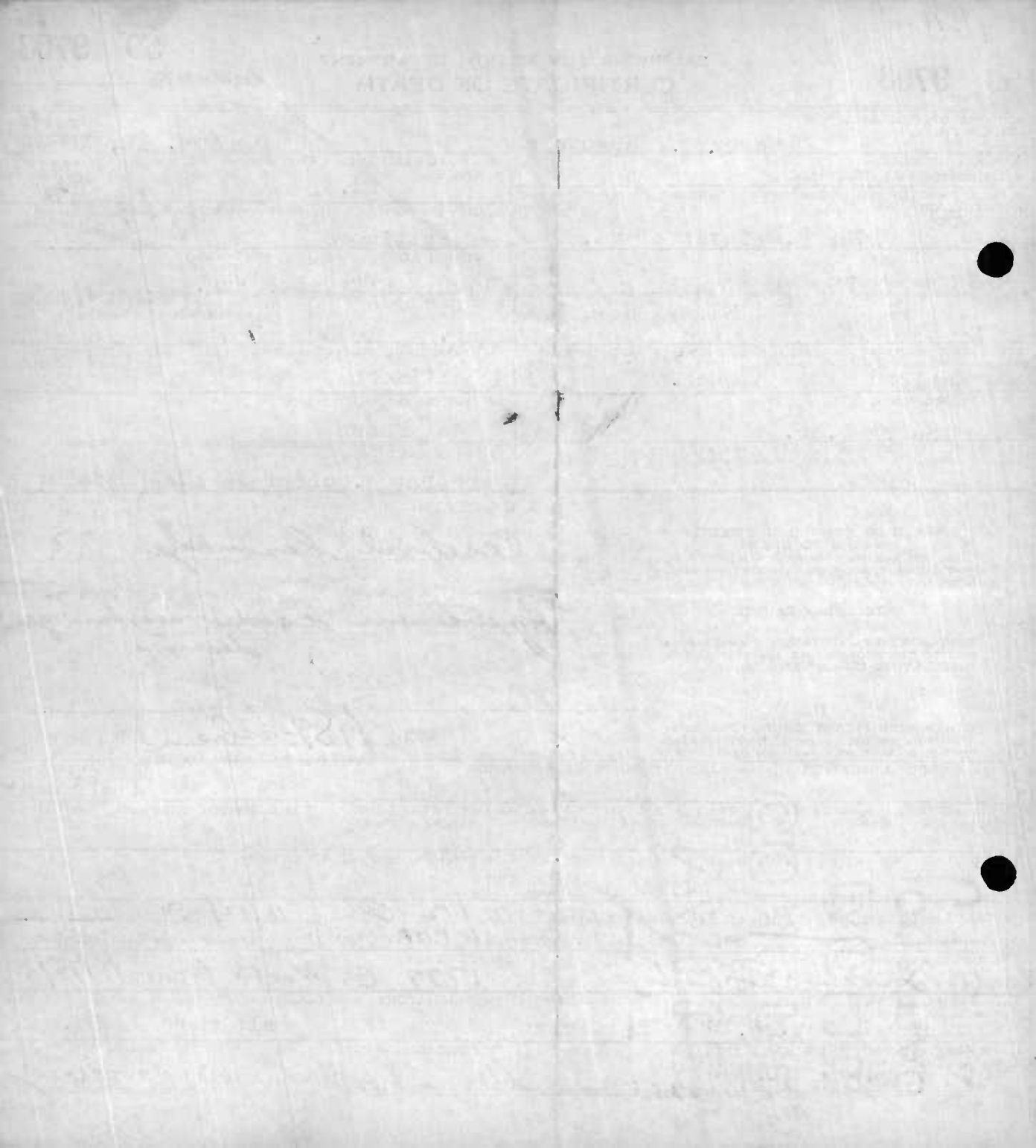
[Faint, illegible handwriting throughout the page]

140
50 9703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9703

Registered No.

1. NAME OF DECEASED (Type or Print) Henry C. Schaufeale		2. DATE OF DEATH Nov. 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1722 E. Lafayette Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1722 E. Lafayette Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug. 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Mch.	9. AGE (In years last birthday) 77
13. FATHER'S NAME Henry C. Sr.		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Not Known	
17. INFORMANT Margaret E. Schaufeale		ADDRESS 1722 Lafayette	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION APPROVED BY Dr. John R. Davis per: [Signature] M.D. CHIEF OR ASST. MEDICAL EXAMINER		INTERVAL BETWEEN ONSET AND DEATH ??	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/12, 1950 , to 11/12, 1950 , that I last saw the deceased alive on 11/12, 1950 , and that death occurred at 1:10 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Maria J. Friedman M. D.		23B. ADDRESS 1737 E. North Ave.	
23C. DATE SIGNED 11/13/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 15, 1950	
24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE Clarence F. Hoffmann	
25. FUNERAL DIRECTOR Clarence F. Hoffmann		ADDRESS 1639 Broadway	



525

9704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9704

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William Henry Jenkins</i>			2. DATE OF DEATH <i>11-12-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write R.U. and give township) <i>Balto.</i> <i>25-04</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>3545 7th St. Balto 25</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 29, 1907</i>		9. AGE (In years last birthday) <i>43</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pay Roll Clerk</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>TRANSIT Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>
13. FATHER'S NAME <i>John Jenkins</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Dailey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>MRS GLADYS JENKINS</i>			ADDRESS <i>3545 FIFTH ST. -25</i>		

18. <i>416 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic Heart Disease</i> (inactive) DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>Oct 13</i> , 19 <i>50</i> , to <i>Nov 12</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Nov. 12</i> , 19 <i>50</i> , and that death occurred at <i>2:10 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard Beach</i>		23B. ADDRESS <i>Union Memorial Hospital</i>		23C. DATE SIGNED <i>11-12-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11/16/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CEDAR HILL</i>	
24D. LOCATION (City, town, or county) (State) <i>RITCHIE HIGGANS</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1950</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>W. H. F. DENNY, INC</i>	
				ADDRESS <i>715 LIGHT ST</i>	

VS 150

390 51

9512 -30

Was the rheumatic heart condition
accompanied by active rheumatic
fever about the time of death?

On aneurysm, quiescent —
a chronic condition?

See Document File 50-9704

11-27-50

ES

263

CERTIFICATE CORRECTED

11-13-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 9705

0 9705

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

George W. Rackford

RECKORD

2. DATE OF DEATH

11/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

22 01

5. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. STREET ADDRESS (If rural, give location)

116 E Montgomery St

8. LENGTH OF STAY IN BALTIMORE

Yrs.

Mos.

Days

9. SEX

male

10. COLOR OR RACE

white

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

12. DATE OF BIRTH

1887

13. AGE (in years last birthday)

63

14. If Under 1 Year Months

15. If Under 24 Hours Hours

16. If Under 24 Hours Min.

17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bricklayer

18. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

19. BIRTHPLACE (State or foreign country)

Delaware

20. CITIZEN OF WHAT COUNTRY?

USA

21. FATHER'S NAME

Washington Rackford

RECKORD

22. MOTHER'S MAIDEN NAME

Hattie Grey

23. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

24. SOCIAL SECURITY NO.

25. INFORMANT

Reckord

26. ADDRESS

Lillian Rackford as above

27. CAUSE OF DEATH

28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

29. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION

32. MAJOR FINDINGS OF OPERATION

33. AUTOPSY?

34. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

35. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. 21D. TIME (Month) (Day) (Year) (Hour) INJURY

38. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

39. 21F. HOW DID INJURY OCCUR?

40. I hereby certify that I attended the deceased from 11/11/50 to 11/11/50, that I last saw the deceased alive on 11/11/50 and that death occurred at 5:30 pm., from the causes and on the date stated above.

41. 23A. SIGNATURE

42. 23B. ADDRESS

43. 23C. DATE SIGNED

44. 24A. BURIAL, CREMATION, REMOVAL (Specify)

45. 24B. DATE

46. 24C. NAME OF CEMETERY OR CREMATORY

47. 24D. LOCATION (City, town, or county) (State)

48. DATE RECEIVED BY LOCAL REGISTRAR

49. REGISTRAR'S SIGNATURE

50. FUNERAL DIRECTOR

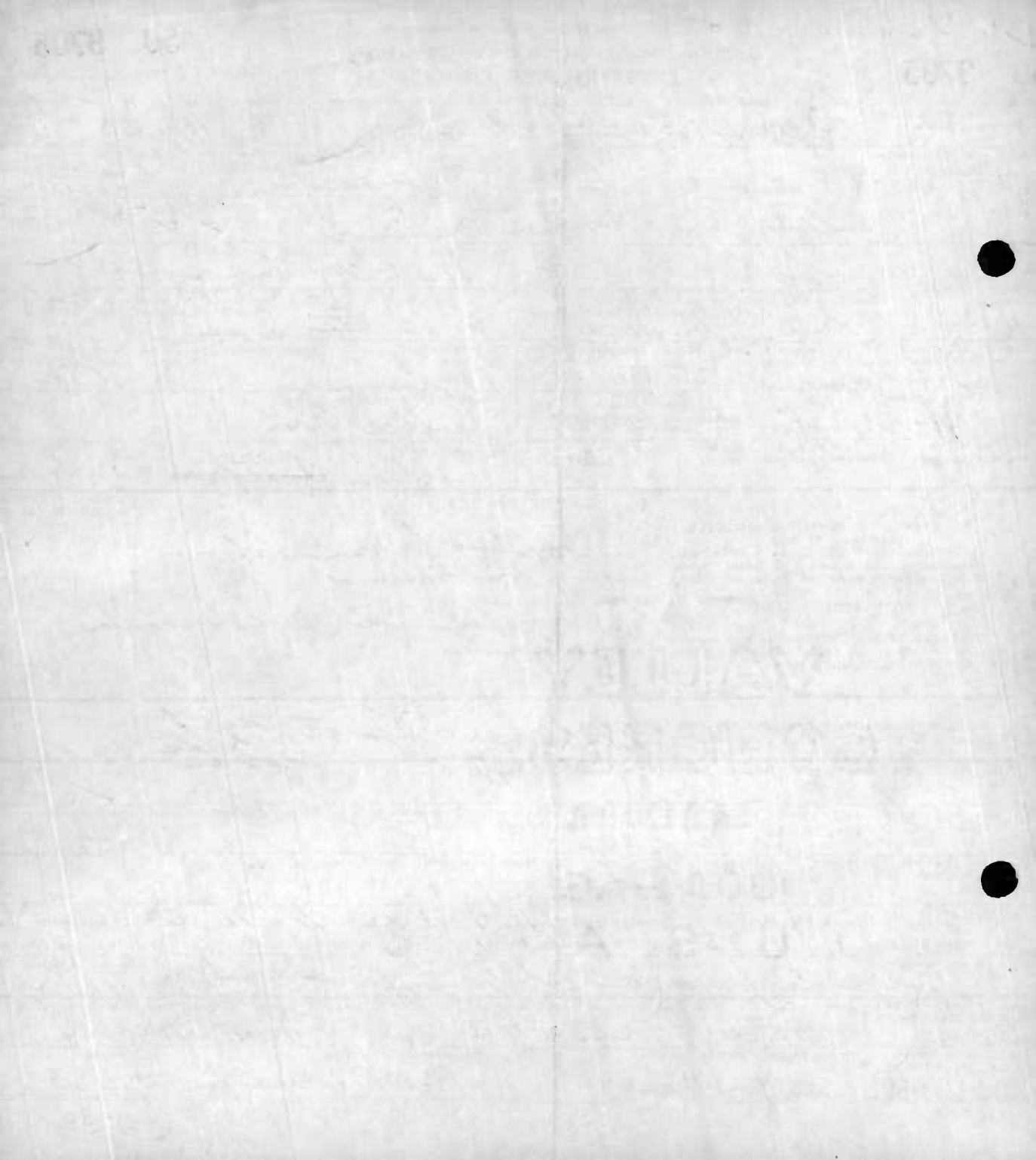
51. ADDRESS

VS 150

504 24

093d

-30



452
0 9706
BIRTH NO.

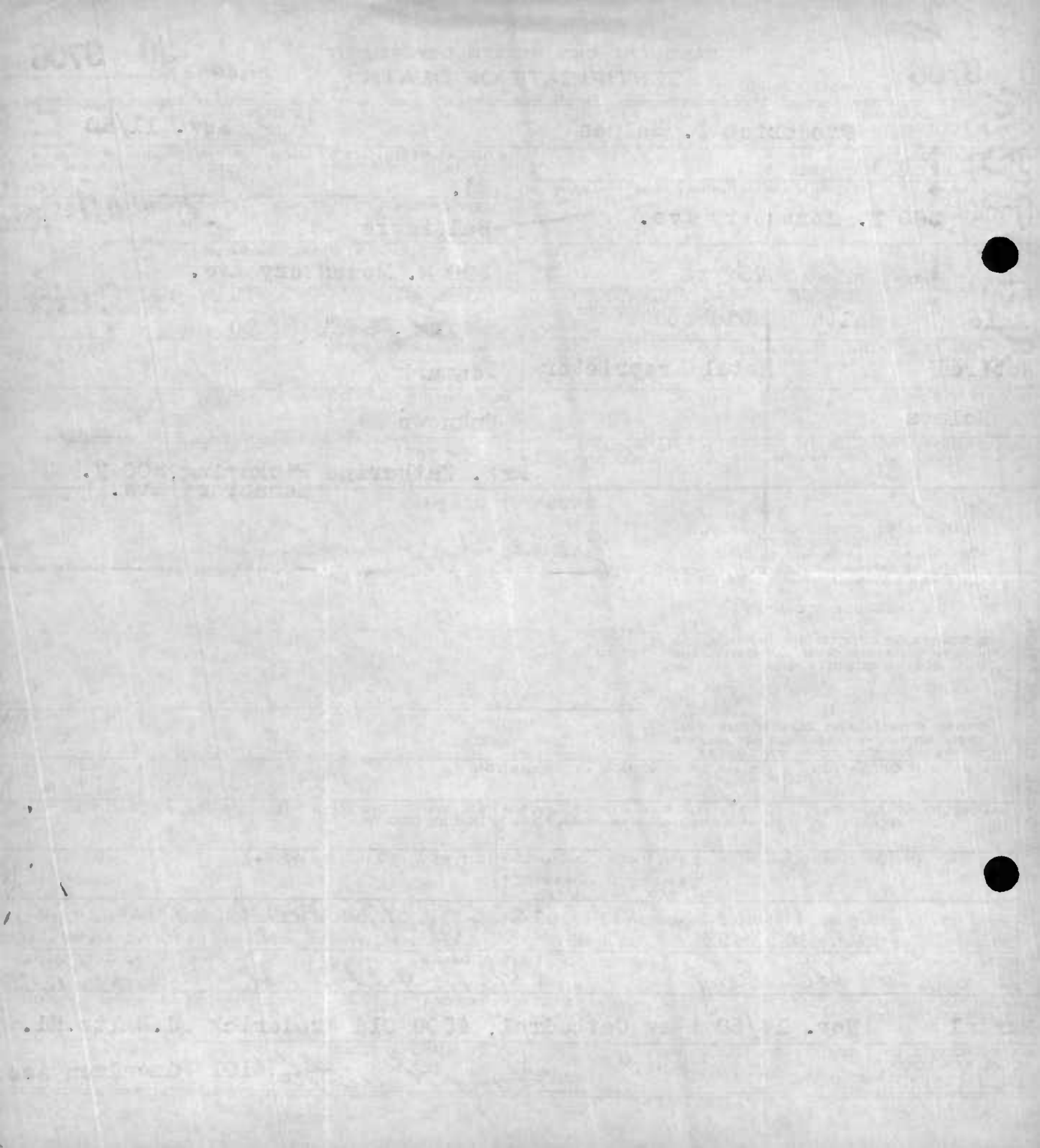
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9706

1. NAME OF DECEASED (Type or Print) Frederick P. Holmes			2. DATE OF DEATH Nov. 11/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 500 N. Monastery Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 300 N. Monastery Ave.			E. LENGTH OF STAY IN BALTIMORE 75 yrs		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 4, 1859		9. AGE (In years last birthday) 90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Hotel Proprietor		11. BIRTHPLACE (State or foreign country) Denmark
13. FATHER'S NAME Holmes			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Katherine Pickering		
			ADDRESS 300 N. Monastery Ave.		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis		CAUSE OF DEATH (A) Generalized arteriosclerosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 19 47 to November 19 50 , that I last saw the deceased alive on Apr. 10 , 19 50 , and that death occurred at 5:18 A. m., from the causes and on the date stated above.				
23A. SIGNATURE Morris W. Steinberg	23B. ADDRESS 410 N. Hilton St	23C. DATE SIGNED November 13, 1950		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 14/50	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR Harry H. White		ADDRESS 4101 Edmondson Ave.



340
0 9707BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9707
Registered No.

1. NAME OF DECEASED (Type or Print) <i>ANTONIO OR ANTHONY. Tony Stella.</i>		2. DATE OF DEATH NOV 11 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cal 6</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>2-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>25 YRS</i>		D. STREET ADDRESS (If rural, give location) <i>1806 E. Pratt St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>12-31-69</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED LABOR</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>MEADOW GOLD ICE CREAM CO</i>	9. AGE (In years last birthday) <i>80</i>
13. FATHER'S NAME <i>? STELLA</i>		11. BIRTHPLACE (State or foreign country) <i>Italy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		12. CITIZEN OF WHAT COUNTRY? <i>No</i>	
16. SOCIAL SECURITY NO. <i>220-05-7492A</i>		14. MOTHER'S MAIDEN NAME <i>Maria ?</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>581.0 and 177 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis of the liver.</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>? carcinoma of prostate</i>			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-24-</i> , 1950 to <i>11-11-</i> , 1950, that I last saw the deceased alive on <i>11-11-</i> , 1950, and that death occurred at <i>3:05 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Sessiale E. Barondes</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>11/11/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>NOV 14 1950</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER CEM</i>		24D. LOCATION (City, town, or county) (State) <i>4430 BELAIR RD MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1950</i>		25. FUNERAL DIRECTOR <i>Dippel Bros</i>	
REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		ADDRESS <i>1800 E Lombard St.</i>	

1700

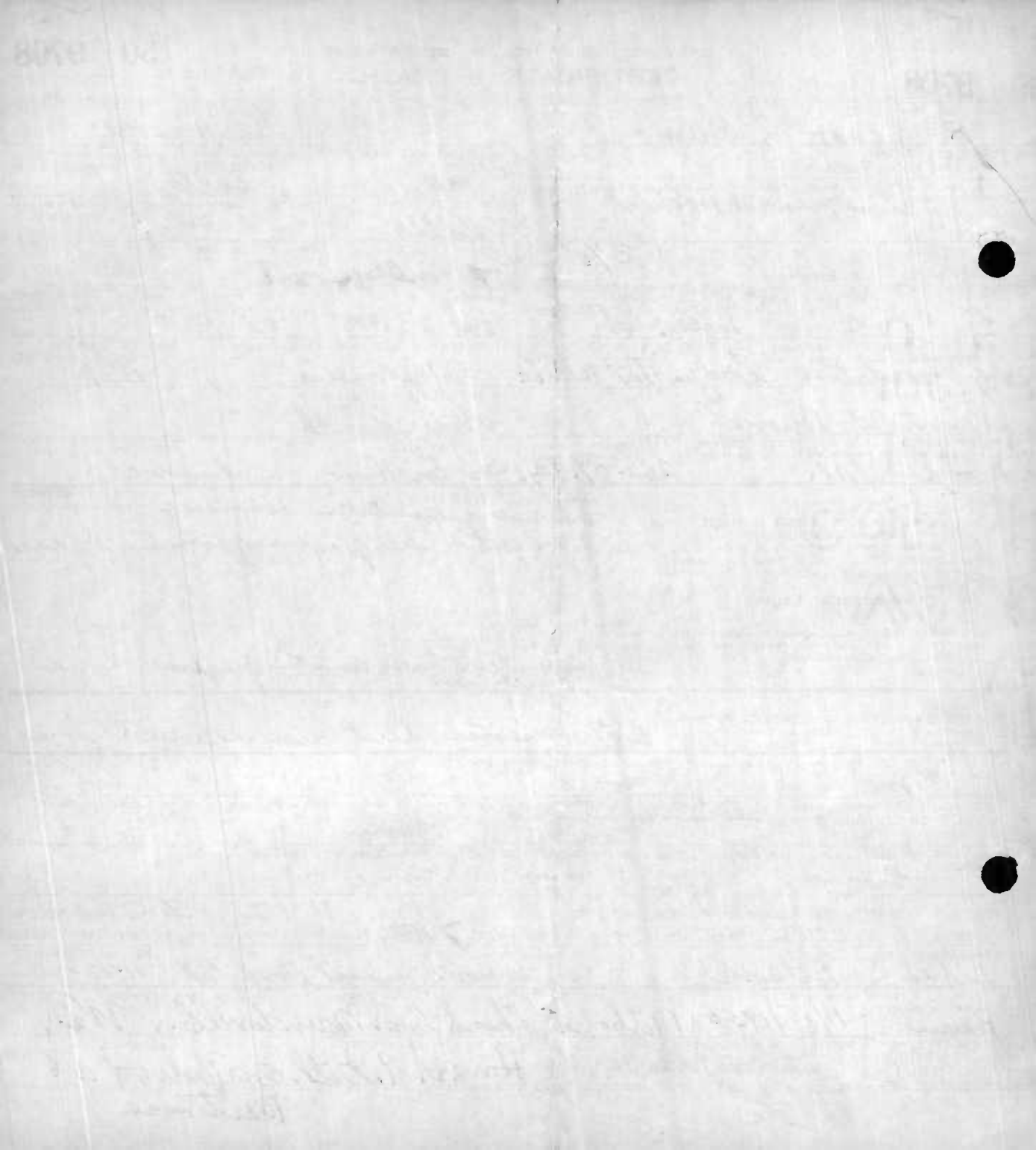
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

1700



1. NAME OF DECEASED (Type or Print) Frank R. Hume		2. DATE OF DEATH 11-12-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY Balto.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Rural	
C. Length of stay in Baltimore 3 1/2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 55 Levechy Court SEVERSKY	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH April 23, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Representative		10B. KIND OF BUSINESS OR INDUSTRY Shoe Sales + Sales	9. AGE (In years last birthday) 45
13. FATHER'S NAME Robert W. Hume		11. BIRTHPLACE (State or foreign country) Wisconsin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 262-07-9348		14. MOTHER'S MAIDEN NAME alice Smith	
17. INFORMANT Mrs. Lois Hume		ADDRESS same	
18. 540.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH massive gastrointestinal hemorrhage from peptic ulcer of pylorus of stomach DUE TO (A) peptic ulcer of lesser curvature of pylorus of stomach (B) peptic ulcer of lesser curvature of pylorus of stomach DUE TO (C) peptic ulcer of lesser curvature of pylorus of stomach INTERVAL BETWEEN ONSET AND DEATH 2 days ? years Atherosclerotic heart disease, severe? years			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None		21D. TIME (Month) (Day) (Year) (Hour) None	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 11-12 , 19 50 , to 11-12 , 19 50 , that I last saw the deceased alive on 11-12 , 19 50 , and that death occurred at 7:00 AM , from the causes and on the date stated above.			
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Union Memorial Hospital	
23C. DATE SIGNED 11-12-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/1950	
24C. NAME OF CEMETERY OR CREMATORY Methodist Church Cem.		24D. LOCATION (City, town, or county) (State) Moundville.. Wis.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1950		REGISTRAR'S SIGNATURE Stuart J. Williams, M.D.	
25. FUNERAL DIRECTOR Howard A. Gill		ADDRESS 5400 Madwood ave Baltimore	

MEDICAL CERTIFICATION



165
50 9709BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9709
Registered No.

BIRTH NO. 50-24667

1. NAME OF DECEASED
(Type or Print)

Spearman, Baby Boy

2. DATE
OF

DEATH Nov. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-01

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

717 Mura Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 13, 1950

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

1 10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William A. Spearman

14. MOTHER'S MAIDEN NAME

Carmella Lucy Vecchioni

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Premature separation of Placenta

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/1950 to 11/13/1950, that I last saw the
deceased alive on 11/13/1950, and that death occurred at 11:30AM., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

11/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-14-1950

New Cathedral Cemetery Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1950

Huntington Williams, M.D.

Elmer W. Conklin 924 E. Eager St

Sept 15 12
elev 6328

50 9710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9710
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES Edwin MURRY, SR.

2. DATE
OF
DEATH

Nov. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

509 S. PULASKI ST

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 13, 1891

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WAITER

10B. KIND OF BUSINESS OR
INDUSTRY

RESTAURANT

13. FATHER'S NAME

Edwin MURRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WORLD WAR I

16. SOCIAL
SECURITY NO.

214-01-8128

17. INFORMANT

GLADYS MURRY 509 S. PULASKI ST.

ADDRESS

18. 145X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma, metastatic, from
left tonsilINTERVAL BETWEEN
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950 to November, 1950, that I last saw the
deceased alive on 11 Nov, 1950, and that death occurred at 10:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

H. Bayless

23B. ADDRESS

1600 Wilkins Ave

23C. DATE SIGNED

12 Nov 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams, M.D.

25. FUNERAL DIRECTOR

GEORGE L. Schwab 2101 FREDERICK AVE

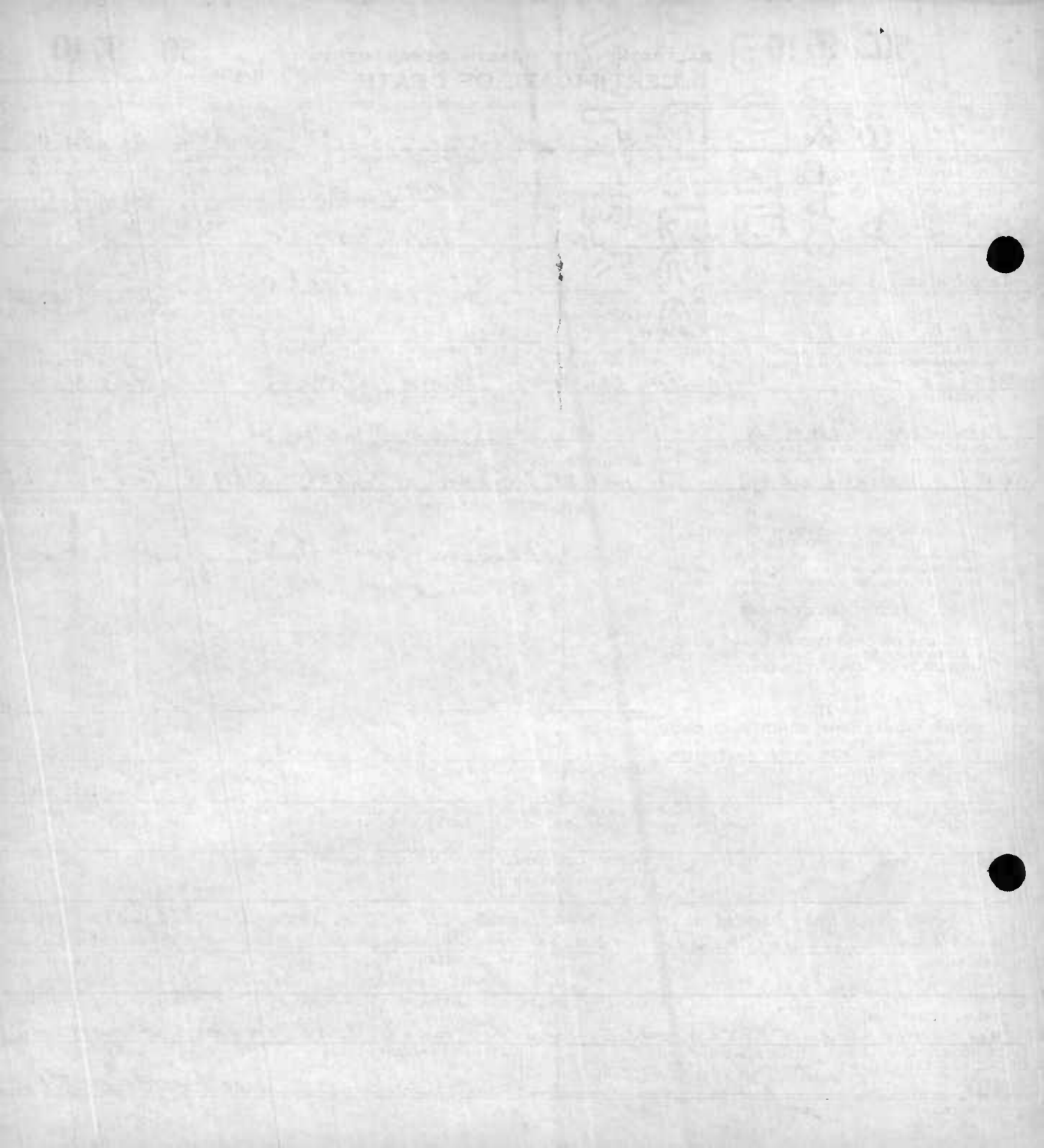
ADDRESS

VS 150

784 6M

045 f

MEDICAL CERTIFICATION



650
50 9711BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9711
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Harold William Horn</u>		2. DATE OF DEATH <u>Nov. 12 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3801 Frederick Ave</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 20-08</u>			
C. Length of stay in Baltimore <u>55 yrs</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3801 Frederick Ave</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>August 30, 1873</u>		9. AGE (In years last birthday) <u>77</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>CEMETERY</u>		11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>213-18-0261</u>		17. INFORMANT <u>Josephine Horn 3801 Frederick Ave</u>	
18. <u>500 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Myocarditis, Acute</u> DUE TO (B) <u>Severe Bronchitis</u> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <u>1. week</u> <u>2. weeks</u>	
19A. DATE OF OPERATION <u>NO</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>NO</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>NO</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct-24, 1950</u> to <u>Nov-12, 1950</u> that I last saw the deceased alive on <u>Nov-12, 1950</u> , and that death occurred at <u>5:30 P. M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. Lloyd Johnson</u>		23B. ADDRESS <u>Crownsville Md</u>		23C. DATE SIGNED <u>11/13/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>Nov. 15, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>LONDON PARK</u>	
24D. LOCATION (City, town, or county) <u>BALTIMORE, Md.</u>		25. FUNERAL DIRECTOR <u>George L. Schwab 2101 Frederick Ave</u>			

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

1971

1971

600
50 9712BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9712

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)LOUIS
Abraham Barr2. DATE
OF
DEATH

11/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai of Baltimore

C. Length of stay in Baltimore

49 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor - Retired

10B. KIND OF BUSINESS OR
INDUSTRY

General Mdse.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Samuel Joseph Barr

14. MOTHER'S MAIDEN NAME

Ida Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Dora Barr - 3964 Dolfield Avenue

18. 610X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOArteriosclerotic cardiovascular
disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOHypostatic pneumonia.
coronary sclerosis.
Post-op. complications

6 days

7 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C)
DUE TO

BPH

colostomy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5/50, to 11/13/50, that I last saw the
deceased alive on 11/13/50, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/14/50

24C. NAME OF CEMETERY OR CREMATORY

Mickro- Kodesh Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1950

Registrar's Signature

Sol. Lerner & Bros - 1124-26 W. North
Avenue

3713

RECEIVED BY THE DEPARTMENT OF HEALTH

3713

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CERTIFICATE OF DEATH

1902

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3-25 50 9713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9713
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES W. MANSON		2. DATE OF DEATH Nov. 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION John Hopkins Hosp.		7. STREET ADDRESS (If rural, give location) 907 N. Eden St 10-02		8. DATE OF BIRTH 9/24/1909	
9. Length of stay in Baltimore Yrs. Mos. Days		10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. AGE (In years last birthday) 41	
12. SEX M		13. COLOR OR RACE C		14. Under 1 Year Months Days	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		16. KIND OF BUSINESS OR INDUSTRY Contractor		17. Under 24 Hours Hours Min.	
18. FATHER'S NAME Unknown		19. BIRTHPLACE (State or foreign country) HENDERSON N.C.		20. CITIZEN OF WHAT COUNTRY? USA	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		22. SOCIAL SECURITY NO. 104-12-6477		23. INFORMANT ADDRESS Emma Manson 274 W. 119th St N.Y. N.Y.	
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) LOBAR PNEUMONIA DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy , Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durracker		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR..... M.D.		23C. DATE SIGNED Nov. 12, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/50		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. NAME OF CEMETERY OR CREMATORY Baltimore National		24F. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Wilmington Williams M.D.		25. FUNERAL DIRECTOR Charles A. Rice	
ADDRESS 661 W. Bane		ADDRESS 661 W. Bane		ADDRESS 661 W. Bane	

DECLARATION OF DEATH
BIRMINGHAM CITY HEALTH DEPARTMENT

DECLARATION OF DEATH

STATE OF ALABAMA
COUNTY OF _____
I, _____, of the County of _____, State of Alabama, do hereby certify that _____, of the County of _____, State of Alabama, died on the _____ day of _____, 19____, at _____, _____, Alabama.

Witness my hand and seal of office this _____ day of _____, 19____.

Health Officer

Deputy Health Officer

Physician

Coroner

Minister of the Gospel

Justice of the Peace

Notary Public

Witness

Witness

521 50 9714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9714
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY J. MANSFIELD		2. DATE OF DEATH November 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 717 N. Eden Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 5/28/1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK		11. BIRTHPLACE (State or foreign country) BRITISH GUIANA	
10B. KIND OF BUSINESS OR INDUSTRY MERCHANT SEAMAN		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT CARRIE WILLIAMS		ADDRESS 318 D. BOND ST.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Harley B. Dialoch</i>		M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED Nov. 11, 1950					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/50		24C. NAME OF CEMETERY OR CREMATORY WILKINSON MENT. PK.	
24D. LOCATION (City, town, or county) (State) BALTIMORE CO. MD.		25. FUNERAL DIRECTOR JOSEPH A. LIVELY			
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS 661 W BARRA	

-160 50 9715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILHELMINA E. (MINNIE) RUEBERRY

2. DATE
OF
DEATH

Nov. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3105 Gwynns Falls Pkwy.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Claus H. Asendorf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

B. DATE OF BIRTH

Jan. 21, 1878

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth Tiemyer

17. INFORMANT

ADDRESS

Mr. Wm. H. Crane, Jr. 3105 Gwynns Falls Pkwy.

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Inoperable Carcinoma of the rectum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/18/40

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of the rectum Colostomy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1949, to November 11, 1950, that I last saw the deceased alive on 11/11, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

11/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/15/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

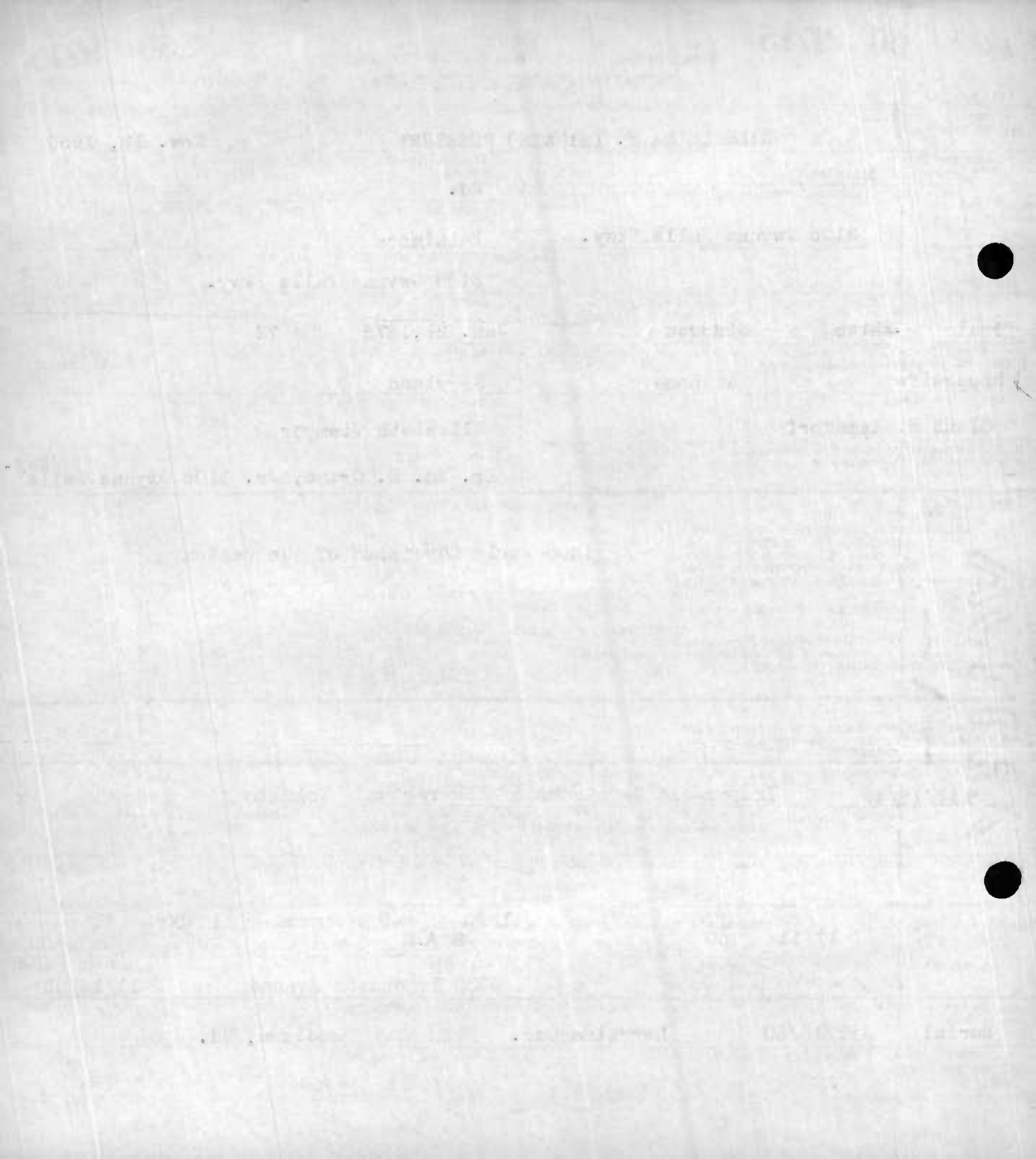
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



430 50 9716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9716

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J. ELLWOOD

2. DATE
OF
DEATH

Nov. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4005 Duvall Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 11, 1884

9. AGE (In years
last birthday)

66

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ticket Agt. Rtd

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
705-05-8428

17. INFORMANT

ADDRESS

Mrs. E. P. Laverdiere - 4005 Duvall Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept-10, 1949, to Nov 11, 1950, that I last saw the
deceased alive on Nov 11, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/15/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

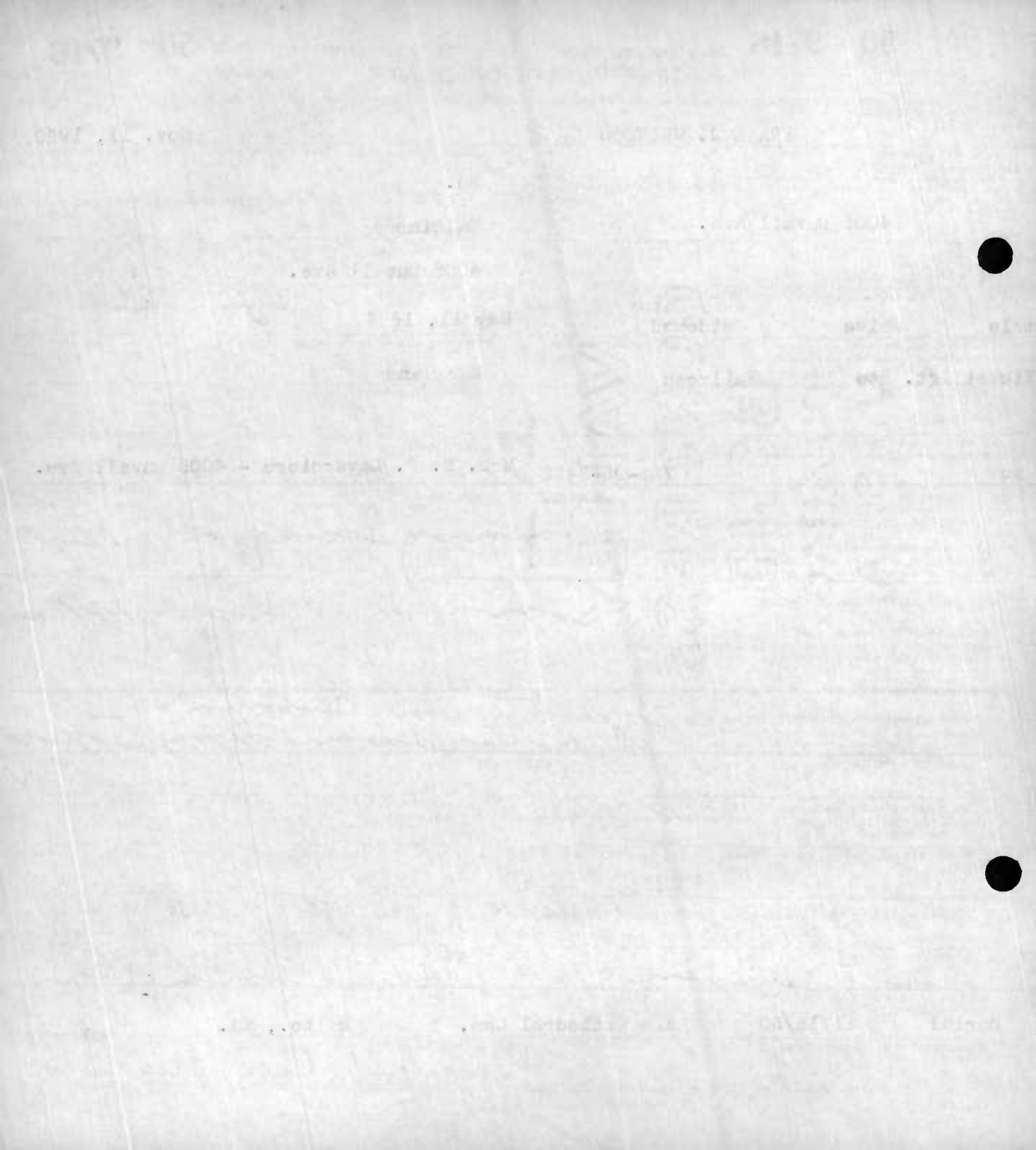
ADDRESS

NOV 14 1950

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535
50 9717BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

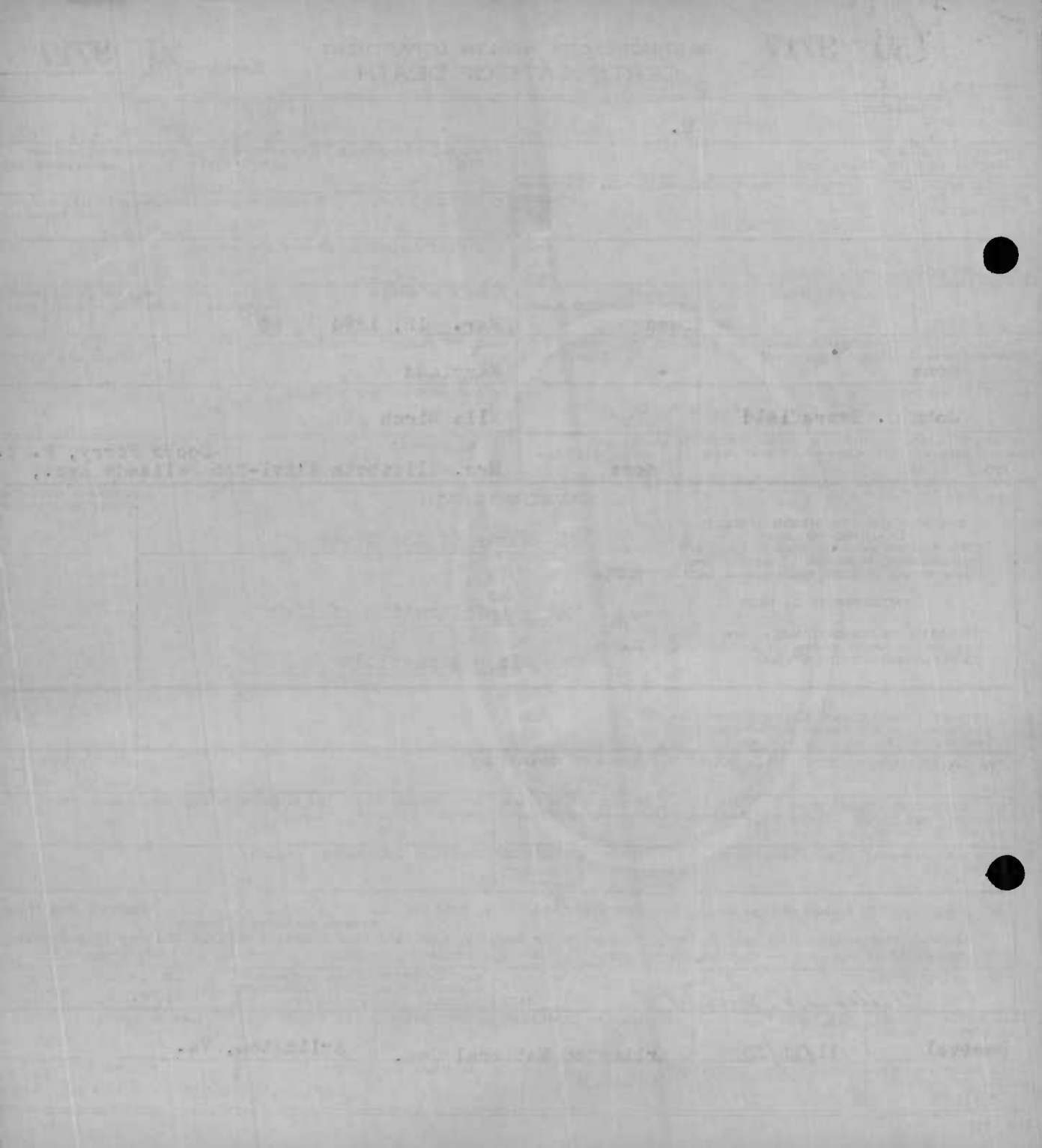
Registered No. 50 9717

1. NAME OF DECEASED (Type or Print) LUCY H. SNOWDEN			2. DATE OF DEATH November 13, 1950		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 12 E. 33rd Street <i>12-02</i>		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 15, 1894	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			11. BIRTHPLACE (State or foreign country) Maryland		
10b. KIND OF BUSINESS OR INDUSTRY -			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John C. Eversfield			14. MOTHER'S MAIDEN NAME Ella Birch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or oookooow) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
			17. INFORMANT Dobbs Ferry, N. Y. Mrs. Elizabeth d'Avi-235 Palisade Ave.,		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver (A) XXXXX	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty infiltration of liver (B) XXXXX Chronic pancreatitis (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William V. ...</i>	23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23c. DATE SIGNED Nov. 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11/15/50	24C. NAME OF CEMETERY OR CREMATORY Arlington National Cem.	24D. LOCATION (City, town, or county) (State) Arlington, Va.
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950	REGISTRAR'S SIGNATURE <i>...</i>	25. FUNERAL DIRECTOR <i>Wm. J. ...</i>	ADDRESS <i>...</i>



50 9718
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9718
Registered No.

1. NAME OF DECEASED
(Type or Print)

Jose V. Azapardo Jr.

2. DATE
OF
DEATH

11-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hosp.

C. Length of stay in Baltimore

1

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jose V. Azapardo Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jose Azapardo

18. *776X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-7*, 1950, to *11-8*, 1950, that I last saw the deceased alive on *11-8*, 1950, and that death occurred at *10:52* m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. B. Keane

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

11-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

NOV 14 1950

159.0

7-232
50 9719

50 9719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Mostakis</i>		2. DATE OF DEATH <i>Nov 12, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>20-03 1916 W. Pratt St. #23</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>OWNER</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>RESTAURANT</i>	9. AGE (in years last birthday) <i>61</i>	11. BIRTHPLACE (State or foreign country) <i>Greece</i>
13. FATHER'S NAME <i>Michael Mostakis</i>		14. MOTHER'S MAIDEN NAME <i>Despina Crassas</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Michael Mostakis 1916 W. Pratt St.</i>	

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Gastric Hemorrhage</i> DUE TO (B) <i>Cirrhosis of liver</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
---	---	---

19A. DATE OF OPERATION <i>11/9/50</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cirrhosis of liver; gastric hemorrhage</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/7*, 1950, to *11/12*, 1950, that I last saw the deceased alive on *11/12*, 1950, and that death occurred at *5:25 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Paul G. Herold</i>	23B. ADDRESS <i>Maryland Gen. Hosp.</i>	23C. DATE SIGNED <i>11/12/50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>11-15-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cemetery</i>
		24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd.</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1950</i>	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Lambros Inc 440 E North Ave</i>
--	---	--

VS 150

2906M

1246

MEDICAL CERTIFICATION

A-654
50 9720

50 9720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

David F Arnold

2. DATE
OF
DEATH

11/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

ST Agnes Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1800. Wilmington Ave Baltimore

5. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

5-22-1870

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brick Mason

10B. KIND OF BUSINESS OR
INDUSTRY

Balto Brick Co

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob DAVID ARNOLD

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

229-42-4112 for G Arnold 1800 Wilmington Ave

17. INFORMANT

ADDRESS Baltimore

18. 016X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Tuberculosis of genito-urinary tract

DUE TO

Tuberculous meningitis

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/20/50

19B. MAJOR FINDINGS OF OPERATION

Tuberculosis of bladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1950, to 11/10, 1950, that I last saw the
deceased alive on 11/10, 1950, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Conway

23B. ADDRESS

M. D.

St Agnes Hospital, Baltimore

23C. DATE SIGNED

11/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 14 - 50

24C. NAME OF CEMETERY OR CREMATORY

Towdons Park Cem

24D. LOCATION (City, town, or county)

Frederick

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

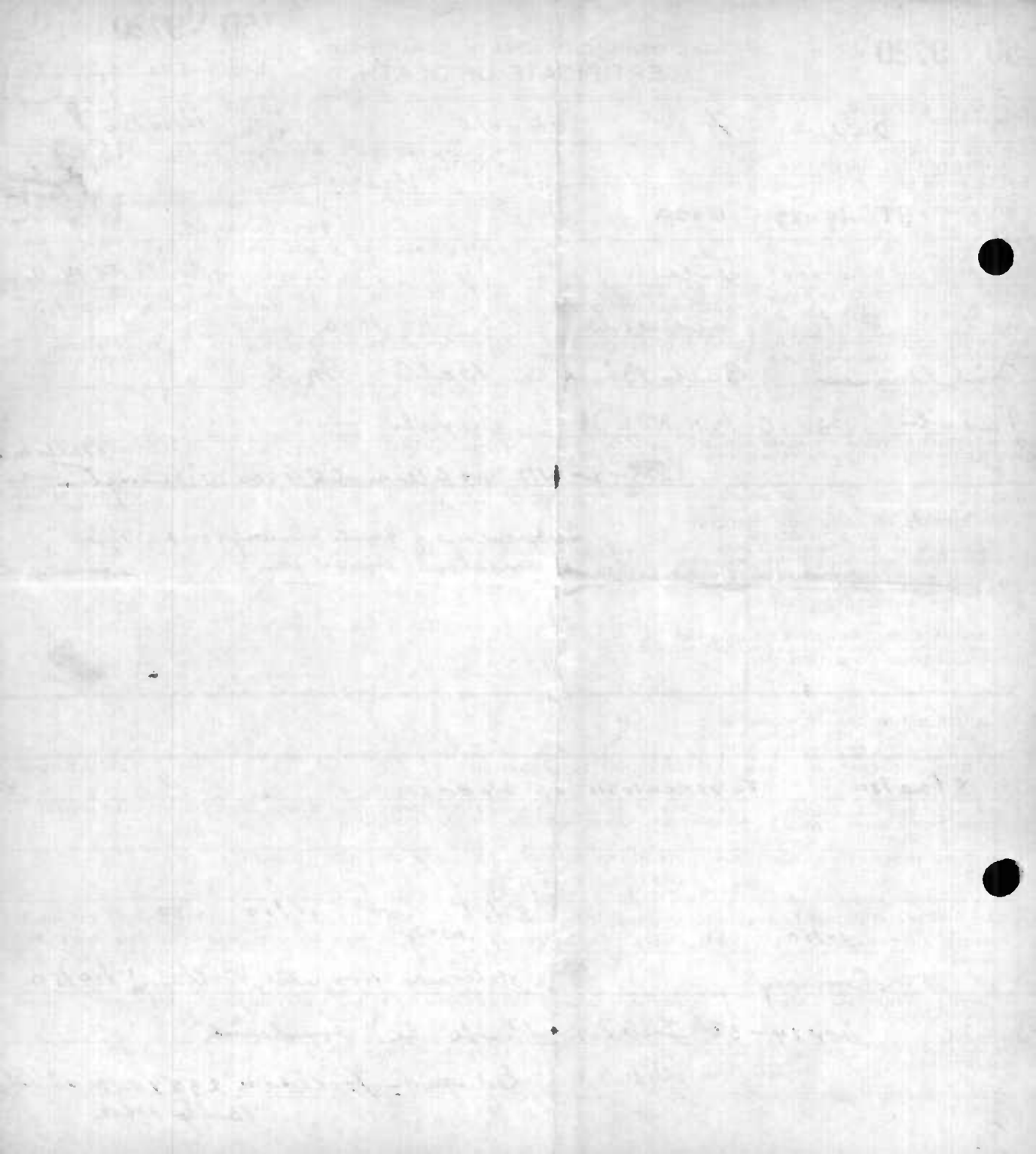
Edmund Foulson 2359 Wash St

ADDRESS

Baltimore

VS 150

014.0



50 9721

50 9721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mary J Edwards</i>			2. DATE OF DEATH <i>Nov 11, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1019 Enscoe St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1019 Enscoe St 10-01</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>April 25 1880</i>		9. AGE (in year, last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John ?</i>			14. MOTHER'S MAIDEN NAME <i>Mary Jane James</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Helen Roberts 1019 Enscoe St</i>		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>Uremia</i>		<i>1 day</i>
	DUE TO (B) <i>Chr. Cardio-renal Vascular Disease - Hypotension</i>		<i>6 mos</i>
	(C) <i>arterio-sclerosis</i>		<i>?</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug. 20</i> , 19 <i>50</i> to <i>Nov. 11</i> , 19 <i>50</i> that I last saw the deceased alive on <i>Nov. 11</i> , 19 <i>50</i> , and that death occurred at <i>11:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. L. Roy Servey</i>		23B. ADDRESS <i>1420 E. Chase</i>		23C. DATE SIGNED <i>11-14-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 15/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. G. County Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs Robert G. Elliott & Daughter</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 17 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. L. Roy Servey</i>			

11297. Caroline St. 131a

50 9722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

E. W. Watkins Warfield

2. DATE
OF
DEATH

11-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Howard

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Florence

D. STREET ADDRESS (If rural, give location)

R.F.D. Woodbine 6300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

Male

White

Married

Sept. 29, 1874

76

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Frederick Warfield

Maryland

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 177x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Metastatic Carcinoma prostate

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

7 years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1950, to 11-14, 1950, that I last saw the deceased alive on 11-13, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Edward J. Braddock

M. D.

University Hospital

11-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial

Nov. 16, 1950

Poplar Springs Church

Poplar Springs

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

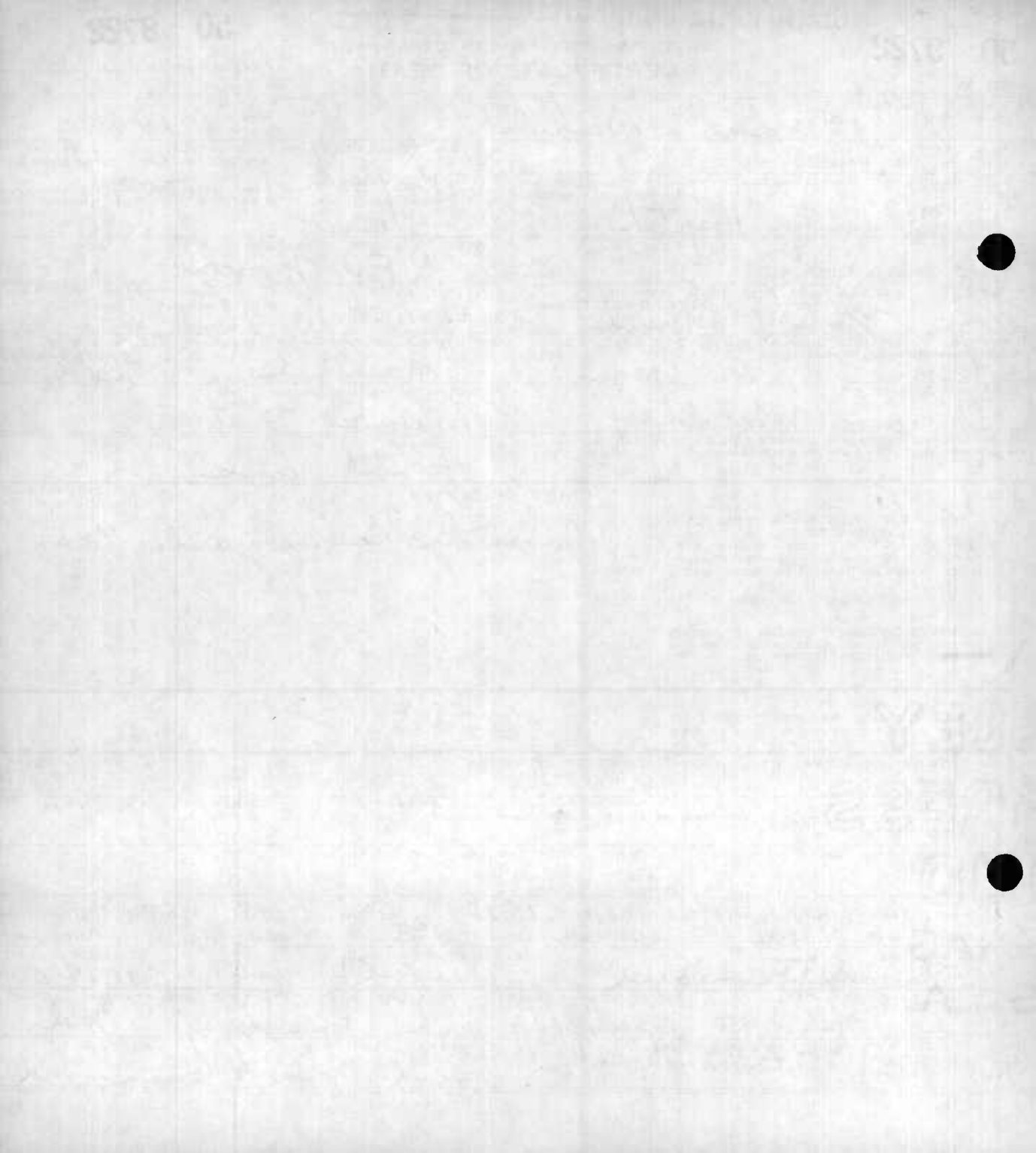
25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1950

Huntington Williams, M.D.

Olin L. Moleworth, Baltimore, Md.



500
50 9723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9723
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES W. DUNAWAY			2. DATE OF DEATH 11/13/50		
3. PLACE OF DEATH a. Baltimore City, Maryland RAYNOR AVE + DUKELANA ST			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MA b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) LUTHERAN DUKELANA ST			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2517 W. FAYETTE ST 20-02		
5. SEX M.	6. COLOR OR RACE WHT	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 19/1885		9. AGE (in years last birthday) Months Days 65 2 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER (STAT. A. AND)			10b. KIND OF BUSINESS OR INDUSTRY BALTO CITY BATH HOUSE		11. BIRTHPLACE (State or foreign country) ST MARY'S COUNTY
13. FATHER'S NAME JAS. T. DUNAWAY			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS MRS P. DUNAWAY 2517 W FAYETTE ST		
16. SOCIAL SECURITY NO.			12. CITIZEN OF WHAT COUNTRY?		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the Liver (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH 5 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 22, 1950 , to Nov. 13, 1950 , that I last saw the deceased alive on Nov. 13, 1950 , and that death occurred at 9:59 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Robert E. Rudman		23b. ADDRESS 2517 W. Fayette St.		23c. DATE SIGNED 11/13/50	
24a. NAME OF CEMETERY OR CREMATORY MEADOW RIDGE		24b. LOCATION (City, town, or county) (State) WASH BLVD.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE W. H. H. H. H.		25. FUNERAL DIRECTOR ADDRESS GEO H LEIMBACH 525 N LYNCHURST ST	

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

R. J. Fisher

M.D.

CHIEF OF ASST. MEDICAL EXAMINER

550
550 9724BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9724
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Lannon

2. DATE
OF
DEATH

11-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

920 Homestead Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. CONSO

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)
World War # 116. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cecilia Lannon

920 Homestead Street

18. 204.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOSubacute leukemia
monocytic typeINTERVAL BETWEEN
ONSET AND DEATH2 months
12 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug. 29, 1950, to November 10, 1950, that I last saw the
deceased alive on Nov 9, 1950, and that death occurred at 1605 E. ... from the causes and on the date stated above.

23A. SIGNATURE

Albert Eisenberg

M. D.

23B. ADDRESS

2025 E. North Ave

23C. DATE SIGNED

Nov. 13, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-14-50

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

403 S. Wolfe Street

NOV 14 1950

VS 150

51024 10

074a

2025 B. Nath Co.

452
0 9725BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

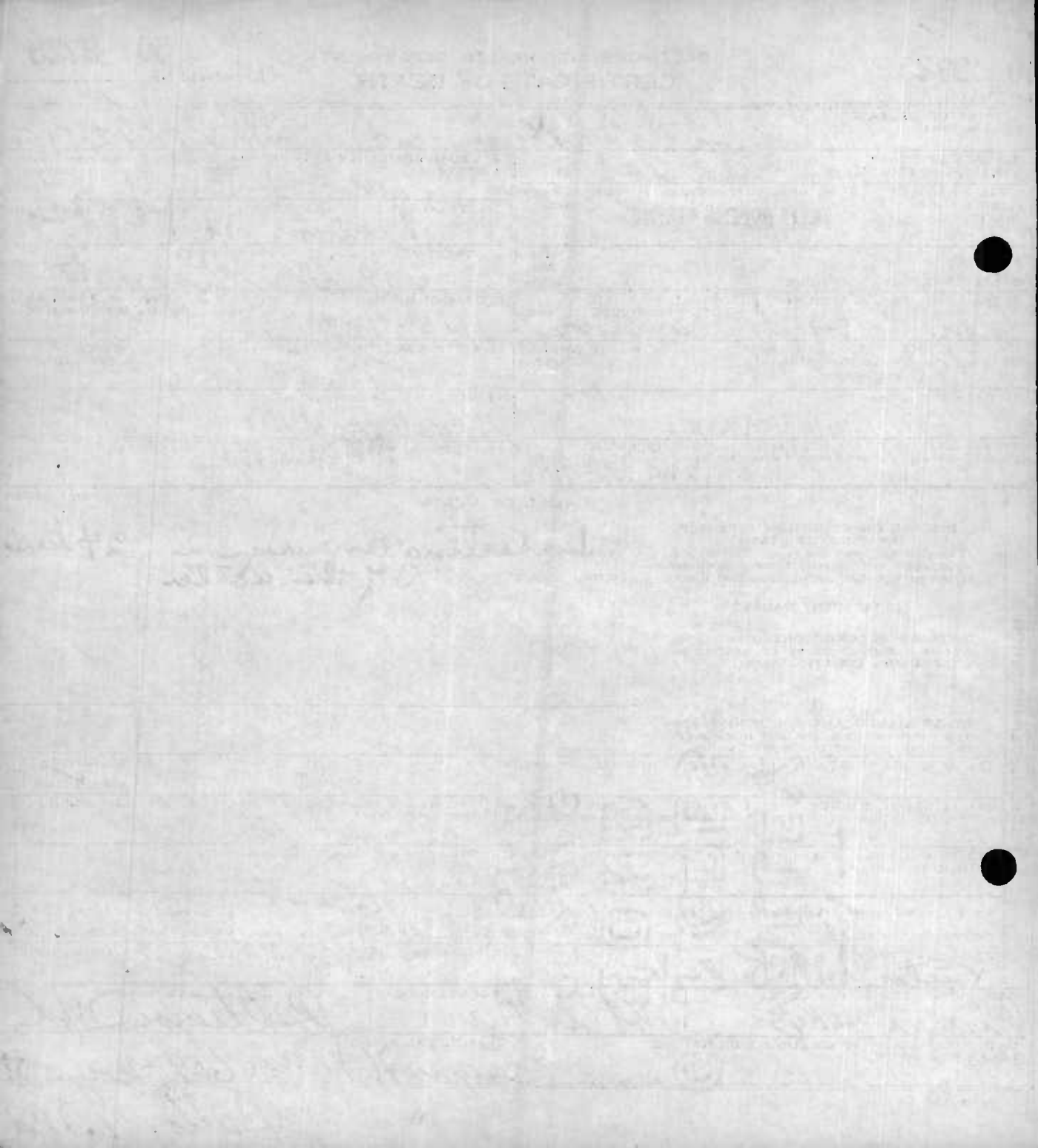
50 9725

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Robert Blanchard</u>		2. DATE OF DEATH <u>Nov. 12, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med 0 sl 6</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) <u>Baltimore 14-02</u>			
C. Length of stay in Baltimore _____		D. STREET ADDRESS (If rural, give location) <u>608 Smithsonian St</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Coloured</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>1-16-1881</u>	9. AGE (In years last birthday) <u>69</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>JOHN BLANCHARD</u>		14. MOTHER'S MAIDEN NAME <u>Penelope White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. <u>220-67-7103</u>		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS _____	

18. <u>451X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Dissecting aneurysm of the aorta</u> DUE TO _____	CAUSE OF DEATH <u>Dissecting aneurysm of the aorta</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11-12-</u> , 19 <u>50</u> to <u>11-12-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-12-</u> , 19 <u>50</u> , and that death occurred at <u>9:30 a.m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Victor A. McKusick</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED _____	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/16/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md</u>		24E. FUNERAL DIRECTOR <u>Eugene H. Mayo</u>		24F. ADDRESS <u>609 George St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 14 1950</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		FUNDING AGENCY <u>97099 030d Balto. I. Md</u>	



250
50 0726

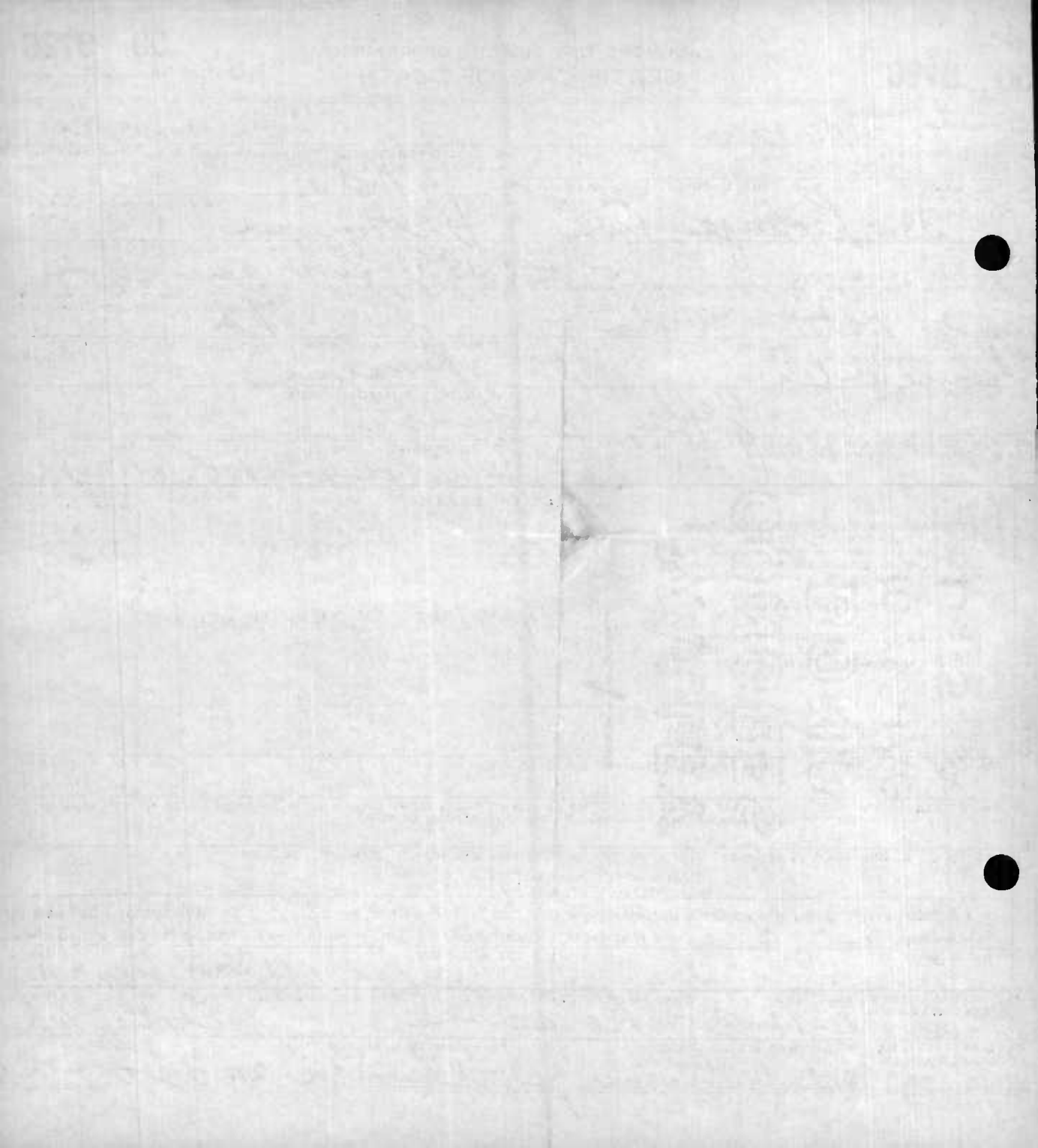
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9726

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Tillie Rosen</i>				2. DATE OF DEATH <i>Nov. 14, 1950</i>			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Md</i> b. COUNTY _____			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3829 Cottage Ave</i>				c. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) <i>Baltimore 27-18</i>			
c. Length of stay in Baltimore <i>45</i> Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) <i>3615 W Garrison Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH		9. AGE (In years, last birthday) <i>72</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Gaffe</i>				14. MOTHER'S MAIDEN NAME <i>Larrah</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Julius Rosen - 3835 Cottage Ave</i> ADDRESS			
18. <i>447x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO <i>Hypertensive Vascular Disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>8 hours</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 13</i> , 1950, to <i>Nov 14</i> , 1950, that I last saw the deceased alive on <i>Nov 14</i> , 1950, and that death occurred at <i>2:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Samuel V. Tompkins</i> M. D.				23b. ADDRESS <i>3600 Park Heights Ave</i>		23c. DATE SIGNED <i>Nov 14, 1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-14-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>		24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Jack Lewis</i> ADDRESS <i>2100 Eutaw Pl</i>			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9727

Registered No. _____

1. NAME OF DECEASED (Type or Print) HARRY LEVY		2. DATE OF DEATH Nov. 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2313 Penna Ave		C. CITY OR TOWN (If outside corporate limits, write RRRA and give township) Balto	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2313 Penna Ave	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4/11/1918
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY road job	
13. FATHER'S NAME Ernest Levy		14. MOTHER'S MAIDEN NAME Bessie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Alice Johnson		ADDRESS 606 Baker St	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) _____ DUE TO _____		
(C) _____ DUE TO _____		

19A. DATE OF OPERATION 11/15/50		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley K. Duncanson M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 12, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/15/50	24C. NAME OF CEMETERY OR CREMATORY Int Calvary		24D. LOCATION (City, town, or county) (State) md
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR Geo. S. Kelson

V S 151

97099 0136 Chesstman St

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9728

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Detta Schuyler			2. DATE OF DEATH 11-12-50		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (Dundalk)		
c. Length of stay in Baltimore 50 Yrs.			d. STREET ADDRESS (If rural, give location) 102 East Avenue (22) 5300		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1885	9. AGE (In years at birthday) 65	If Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Stringfellow			14. MOTHER'S MAIDEN NAME Julia Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 4940 Records* Balto. City Hospitals Eastern Av		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 10 Days
	(B) Arteriosclerosis	
	(C) Diabetes Mellitus	9-10 Years

19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-24 , 19 50 , to 11-12 , 19 50 that I last saw the deceased alive on 11-12 , 19 50 and that death occurred at 3:50 PM from the causes and on the date stated above.					
23a. SIGNATURE J. S. O'Ryan		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED 11-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-16-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	
24d. LOCATION (City, town, or county) (State) A. A. Co. Md		24e. FUNERAL DIRECTOR Samuel W. Sullivan Jr		24f. ADDRESS 1011 N. Arlington Ave	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950					

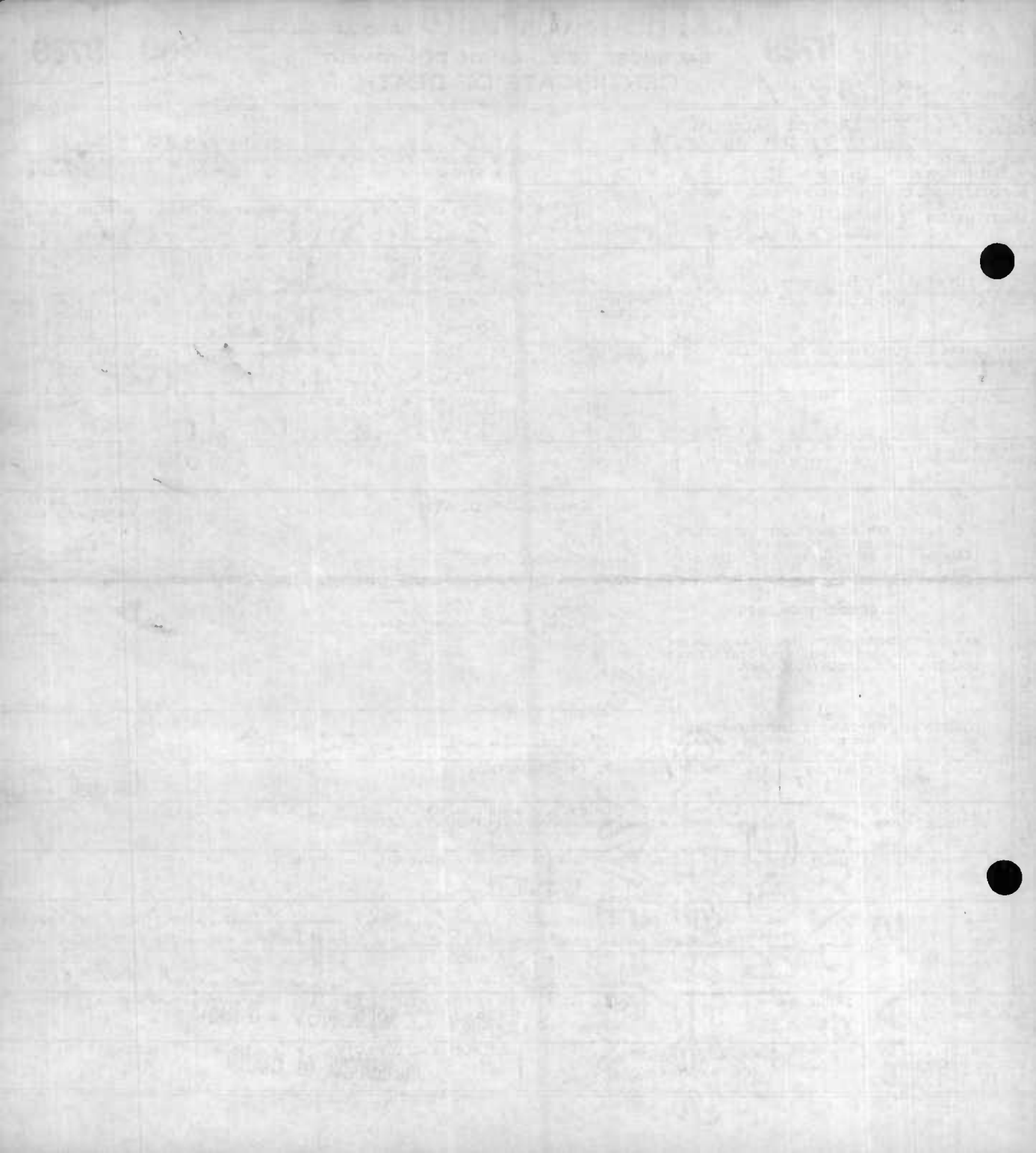
NOV 14 1950

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200		50 9729		BALTIMORE CITY HEALTH DEPARTMENT		50 9729	
BIRTH NO. 50-23404				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <u>Edward Richard</u> <u>JOSEPH WEEKS</u>				2. DATE OF DEATH <u>11-12-50</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balt. Md.</u> B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <u>Franklin Sq. Hospital</u> location)				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
c. Length of stay in Baltimore <u>13</u>				5. SEX <u>m.</u> 6. COLOR OR RACE <u>w.</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME <u>Addison Weeks</u>				14. MOTHER'S MAIDEN NAME <u>Thelma Scheydt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
18. <u>762.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> DUE TO (A) <u>Pneumonia</u> (B) <u>atelectasis</u> DUE TO <u>atelectasis</u> (C) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>				11. BIRTHPLACE (State or foreign country) <u>Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
19A. DATE OF OPERATION <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
21F. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>10/31, 1950</u> , to <u>11/12, 1950</u> , that I last saw the deceased alive on <u>11/12, 1950</u> , and that death occurred at <u>8:30 P m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Benjamin Combs</u>				23B. ADDRESS <u>Franklin Square Hospital</u> 23C. DATE SIGNED <u>11/13/50</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE			
24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 14 1950</u>				REGISTRAR'S SIGNATURE <u>John Williams, M.D.</u>			
25. FUNERAL DIRECTOR				ADDRESS			

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Lutz

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9730

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John P. Lutz

2. DATE OF DEATH Nov 13-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto City

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md B. COUNTY

5. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto

6. D. STREET ADDRESS (If rural, give location) 2309 N. Calvert ST

7. Length of stay in Baltimore Life

8. SEX Male

9. COLOR OR RACE White

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

11. DATE OF BIRTH Aug. 24. 1870

12. AGE (In years last birthday) 80

13. Under 1 Year Months: Days

14. Under 24 Hours Hours: Min.

15. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager

16. B. KIND OF BUSINESS OR INDUSTRY American Store

17. BIRTHPLACE (State or foreign country) Balto. City

18. CITIZEN OF WHAT COUNTRY? USA

19. FATHER'S NAME Augustus Lutz

20. MOTHER'S MAIDEN NAME Mary Most

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

22. SOCIAL SECURITY NO. 214-20-4344

23. INFORMANT Mrs. J P Lutz

24. ADDRESS 2309 N. Calvert ST. Balto

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Degeneration

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchitis Chronic

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia

30. INTERVAL BETWEEN ONSET AND DEATH 3 yrs

31. DATE OF OPERATION 422.2

32. MAJOR FINDINGS OF OPERATION

33. AUTOPSY? YES ☐ NO ☐

34. ACCIDENT, SUICIDE, HOMICIDE (Specify)

35. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. HOW DID INJURY OCCUR?

40. I hereby certify that I attended the deceased from 11-7-50, 19, to 11-13-50, 19, that I last saw the deceased alive on 11-13-50, 19, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

41. SIGNATURE J. J. Hermann

42. ADDRESS 1710 E. 33rd Ave

43. DATE SIGNED 11/14/50

44. BURIAL, CREMATION, REMOVAL (Specify) Burial

45. DATE 11/16/50

46. NAME OF CEMETERY OR CREMATORY Friends-Burial Grds

47. LOCATION (City, town, or county) Balto. City

48. STATE Md

49. DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950

50. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

51. FUNERAL DIRECTOR Larcher Funeral Home

52. ADDRESS 740 Belair Rd Balto

VS 150

0932

1815 33rd

Dr. Herrmon

445
9731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9731

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Sarah Jane Wilhelm

2. DATE

OF

DEATH Nov. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

20-04

D. STREET ADDRESS (If rural, give location)

103 S. Franklinton Rd.

C. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 16th 1907

9. AGE (in years last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

at home

13. FATHER'S NAME

Edward Howdysshell

14. MOTHER'S MAIDEN NAME

Hattie E. Smallwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Crawford 1858 Marshall Rd.

18. 171X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Squamous cell carcinoma of cervix uteri.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 12, 1950, to Some, 19, that I last saw the deceased alive on 11/12, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ed R. McCune Jr.

M. D.

University Hospital

11/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/15/50

Londons Park

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1950

Huntington Williams, M.D.

Wm. Cook Inc. 1217 St. Paul St.

1871

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1852



520
50 9732BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9732
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) L O N N I E G A I N E S		2. DATE OF DEATH Nov. 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 427 W. Hamburg St	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 1, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10B. KIND OF BUSINESS OR INDUSTRY Chemical Plant	9. AGE (In years last birthday) 57
11. BIRTHPLACE (State or foreign country) Corona, Al.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Gaines		14. MOTHER'S MAIDEN NAME Hannah ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Nellie R. Gaines		ADDRESS 427 W. Hamburg St	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerotic cardiovascular disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Durecher		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 12, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 15, 1950	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.	25. FUNERAL DIRECTOR Mrs. Kate R. Williams
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		ADDRESS 322 N. Schermer St

630
9733BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9733
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BARRETT, MINNIE		2. DATE OF DEATH 11/12/50	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Provident		c. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) Baltimore 17-0-3	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 753 Dolphin	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH 11/20/01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Myler Parker.		14. MOTHER'S MAIDEN NAME Tharlett Combs.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Allonia Johnson.		ADDRESS 753 Dolphin St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Heart Disease DUE TO arteriosclerosis	CAUSE OF DEATH Cerebral Thrombosis Hypertensive Heart Disease arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/18** to **11/12**, 19**50**, that I last saw the deceased alive on **11/11**, 19**50**, and that death occurred at **12:40** Am., from the causes and on the date stated above.

23A. SIGNATURE **John H. Holmes III** M. D. 23B. ADDRESS **Provident Hosp.** 23C. DATE SIGNED **11/12/50**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Nov 16, 1950** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 14 1950** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Mrs. Kate R. Williams** ADDRESS **3227 Schenck St.**

520
5334BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9734
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE LOUNGE (Loundes)			2. DATE OF DEATH November 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 15 N. Amity Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH March 4, 1902	9. AGE (In years last birthday) 48	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer			10B. KIND OF BUSINESS OR INDUSTRY Construction		
11. BIRTHPLACE (State or foreign country) Oden Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Loundes			14. MOTHER'S MAIDEN NAME Lillie Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO.		
17. INFORMANT Ida Speight			ADDRESS 15 N. Amity St.		

18. **023X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Luetic heart disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley S. Quinlan</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 11, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 14, 1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR Mrs. Katie P. Williams		ADDRESS 322 N Schuman St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			

VS 151

97024

0302

1893 351
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

512
50 9735BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9735

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSTELLA THOMPSON		2. DATE OF DEATH November 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1107 N. Stockton Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH January 25, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORK	9. AGE (In years last birthday) 35
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John A. Thompson.		14. MOTHER'S MAIDEN NAME Gertrude Porter.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Gertrude Thompson, 1107 N. Stockton St.	
16. SOCIAL SECURITY NO.			

MEDICAL CERTIFICATION

18. E 902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of spinal column with transection of spinal cord, old		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) Fracture of spinal column with transection of spinal cord, old DUE TO (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1107 N. Stockton Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 21, 1950 1.30a.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell from second floor rear porch
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 11, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 14, 1950	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
DATE RECEIVED BY LOCAL REGISTRAR. NOV 14 1950	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
25. FUNERAL DIRECTOR Mrs. Katie P. Williams		ADDRESS 322 N. Schroeder St.

VS 151

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97024

186a

620
50 9736
BIRTH NO.

GROSS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

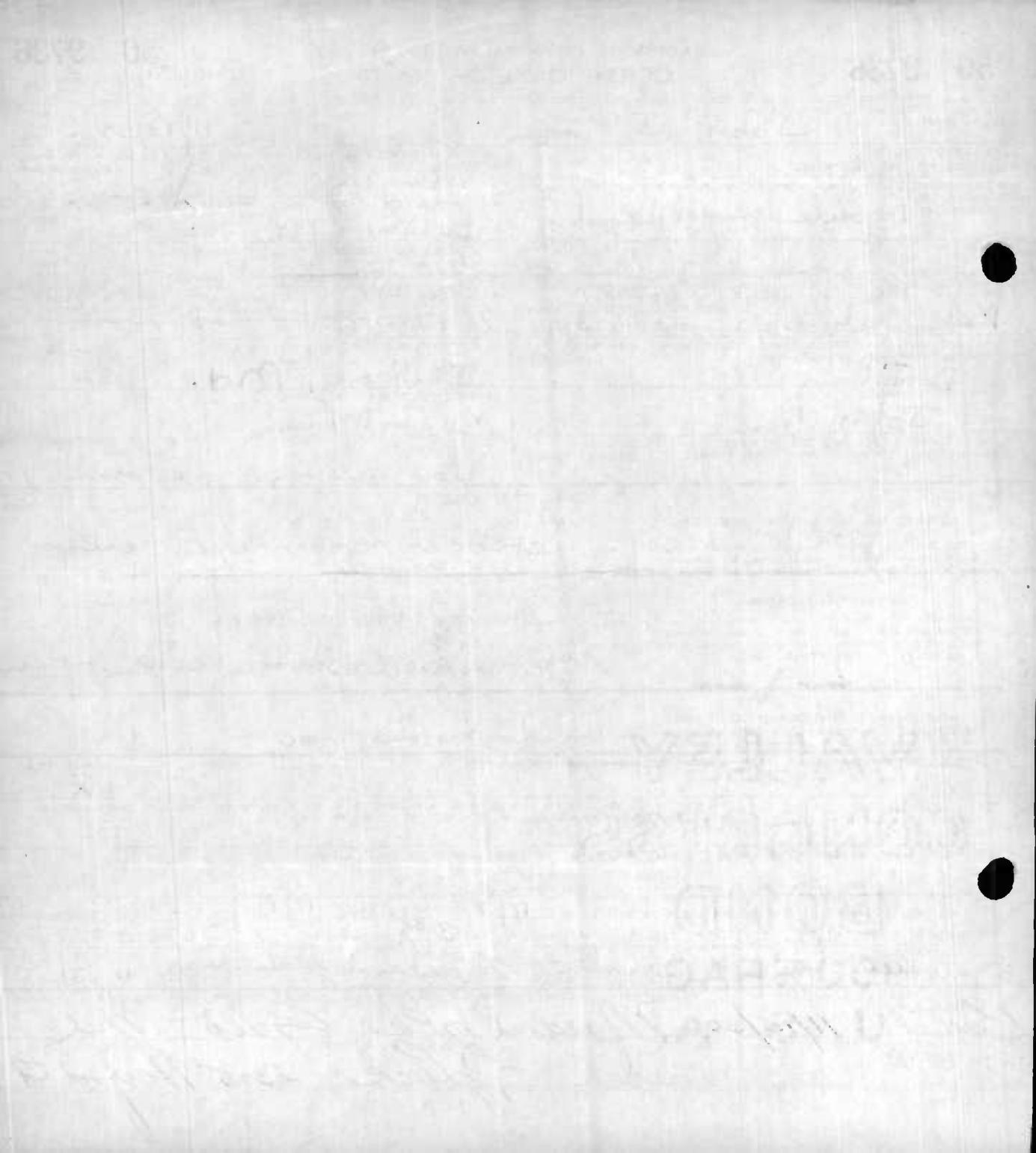
50 9736
Registered No.

1. NAME OF DECEASED (Type or Print) <u>John J. Gross</u>		2. DATE OF DEATH <u>11/13/50</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Maryland General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore (14)</u>	
D. STREET ADDRESS (If rural, give location) <u>5810 Hartford Road</u>		E. LENGTH OF stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-17-1882</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>68</u>
13. FATHER'S NAME <u>John Gross</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Margaret Franz</u>	
17. INFORMANT <u>Ruby F. Gross</u>		ADDRESS <u>as above</u>	

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Cerebral hemorrhage</u> DUE TO (B) <u>Cerebral arteriosclerosis</u> DUE TO (C) <u>Hypertensive cardiovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u> <u>unknown</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Generalized arteriosclerosis</u>	

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>11/7</u> , 19 <u>50</u> , to <u>11/13</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>11/13</u> , 19 <u>50</u> , and that death occurred at <u>3:08</u> A.M., from the causes and on the date stated above.				
23A. SIGNATURE <u>Margaret Louisa Candless</u> M. D.		23B. ADDRESS <u>Maryland General Hosp.</u>		23C. DATE SIGNED <u>11/13/50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/15/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Maryland Impk</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>	
25. REGISTRAR'S SIGNATURE <u>William Williams</u>		26. FUNERAL DIRECTOR <u>J. Luck</u> ADDRESS <u>5305 Hartford Rd</u>		

VS 150
03285
093d



600
9737BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9737

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE O. PARR

2. DATE
OF
DEATH

NOV. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

12 SOUTH BALTIMORE GEN. HOSP.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 29, 1900

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Burkhead

14. MOTHER'S MAIDEN NAME

Vergie Amy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ma. Raymond J. Parr - 1730 Lopusch

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Encephalopathy

DUE TO

(C) Hypertensive c-v disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 28, 1950, to Nov. 13, 1950 that I last saw the
deceased alive on Nov. 12, 1950, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

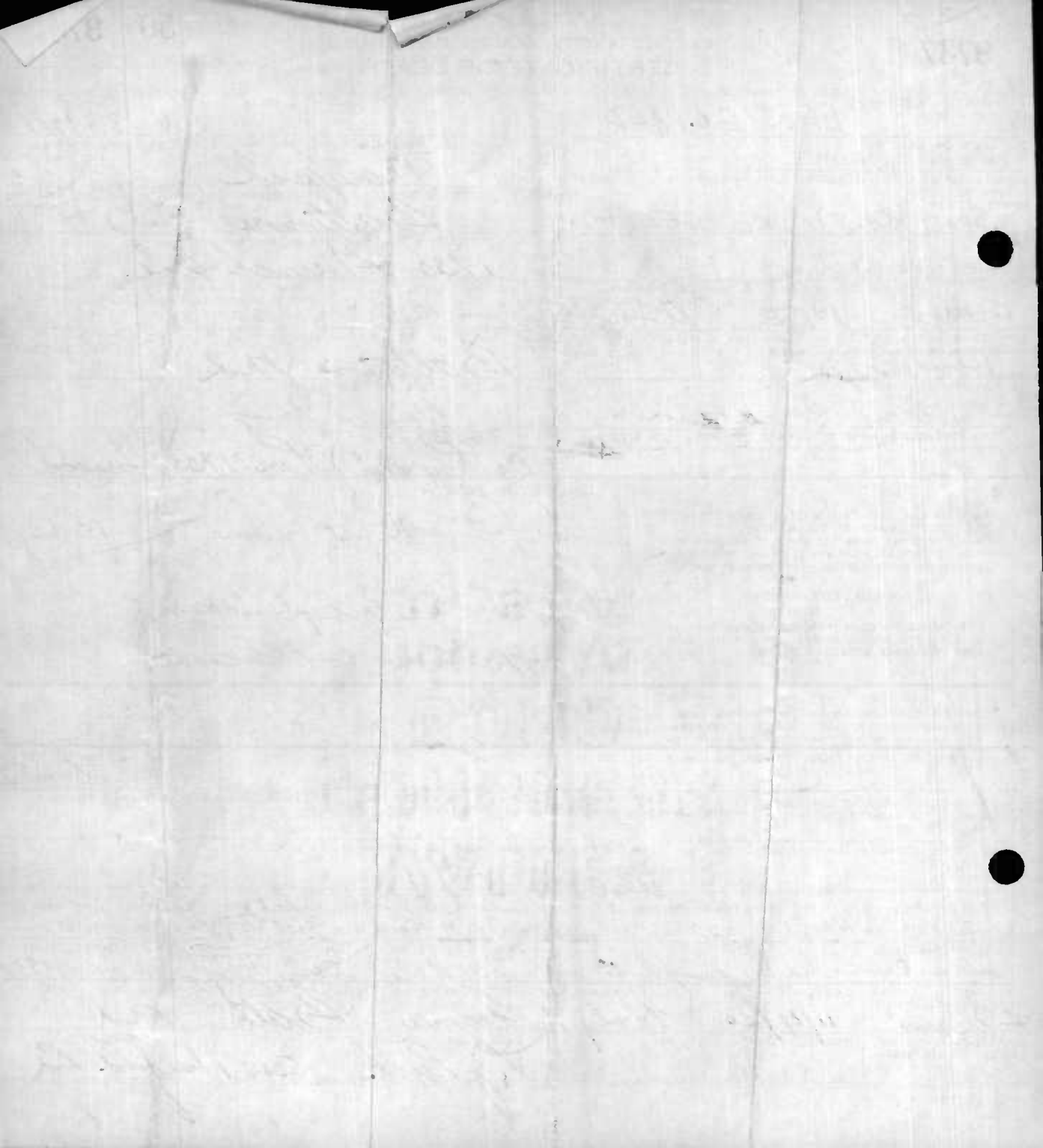
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

0932



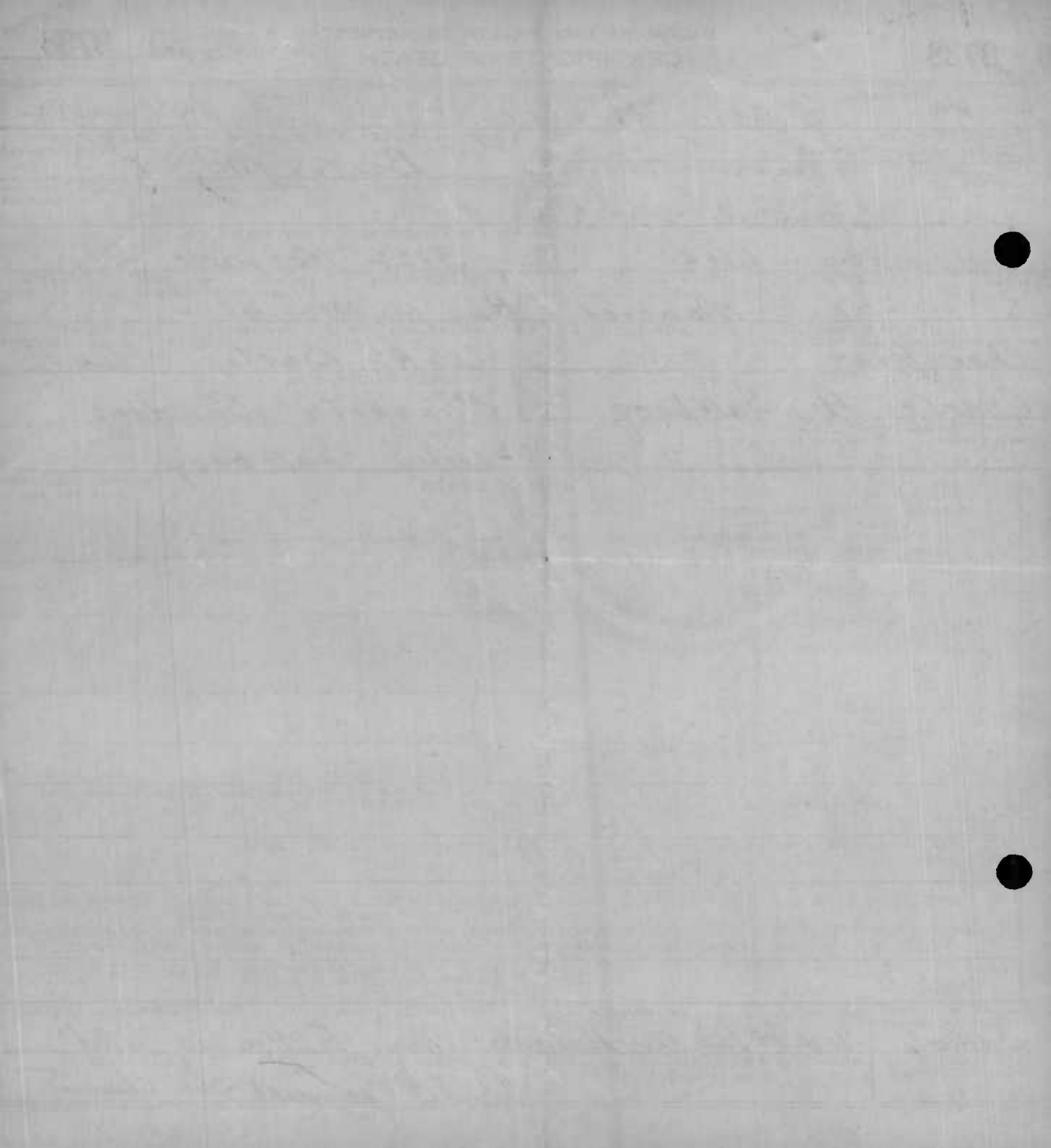
421
9738BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 59 9738

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Charles A. Salsberg		Nov. 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital (DOH)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bailto. Md.	
D. STREET ADDRESS (If rural, give location) 3122 Keswick Rd.		13-05	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 21, 1902	
9. AGE (In years last birthday) 48		10. Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) USA. Bailto.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Charles A. Salsberg		14. MOTHER'S MAIDEN NAME Elizabeth Soudens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 217036774	
17. INFORMANT Libby Salsberg		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY DISEASE		CAUSE OF DEATH CORONARY DISEASE	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Wm. H. Kanner, Jr. M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 12, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 15/50	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem.		24D. LOCATION (City, town, or county) (State) ELKridge Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Paul E. Chenneth	
25. FUNERAL DIRECTOR Paul E. Chenneth		ADDRESS 3615 Chanut Ave.	

68254

094a



420
0 9739BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9739
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL MILLS

2. DATE
OF
DEATH

November 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNIVERSITY HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1126 Watson Street

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 3, 1903

9. AGE (In years
last birthday)

47 43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Halifax N.C.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Amos Sheran

14. MOTHER'S MAIDEN NAME

Ella Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Susie Leak 711 Aisquith St

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fracture of cervical vertebra

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Liberty Road near Camp Field Road 53-00

21D. TIME (Month) (Day) (Year) (Hour)

November 8, 1950 5:20 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

highway
Pedestrian struck by auto while crossing22. I certify that I took charge of the remains described above, held an Inspection & Inq thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Nov. 12, 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/18/1950

24C. NAME OF CEMETERY OR CREMATORY

Halifax Cem.

24D. LOCATION (City, town, or county)

Halifax N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter H. Williams

25. FUNERAL DIRECTOR

Eugene O. Wilson 1100 Banting Ave

ADDRESS

VS 151

N 805.0

170 C

30 8530

BRIDGE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8530

Blank certificate form with horizontal lines for text entry.

1



500
50 9741
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9741
Registered No.

1. NAME OF DECEASED (Type or Print) WELFORD J. HAYNIE		2. DATE OF DEATH 11-13-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) 480 S. Bantolon St			
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 19, 1891	
9. AGE (In years last birthday) 59		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Machinery (M)	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William D. Haynie		14. MOTHER'S MAIDEN NAME Lucie Ellen Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 219-14-0057	
17. INFORMANT Mrs. Wm. Booker		ADDRESS 3319 Fwynns Falls Pkwy.	
18. 542.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary occlusion DUE TO (B) Subtotal Bantolon DUE TO (C) Bacter jejuni INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 11-13-50		19B. MAJOR FINDINGS OF OPERATION Marginal Ulcer Bacter jejuni	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-1-50 , to 11-13-50 , that I last saw the deceased alive on 11-13 , 19 50 , and that death occurred at 4:11 m., from the causes and on the date stated above.			
23A. SIGNATURE Warren Olesch		23B. ADDRESS University Hosp	
M. D.		23C. DATE SIGNED 11-13-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/50	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE William D. Haynie	
VS 150		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons - Balt.	
		ADDRESS Md.	

544 3L

117a

530
0 9742BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9742
Registered No.

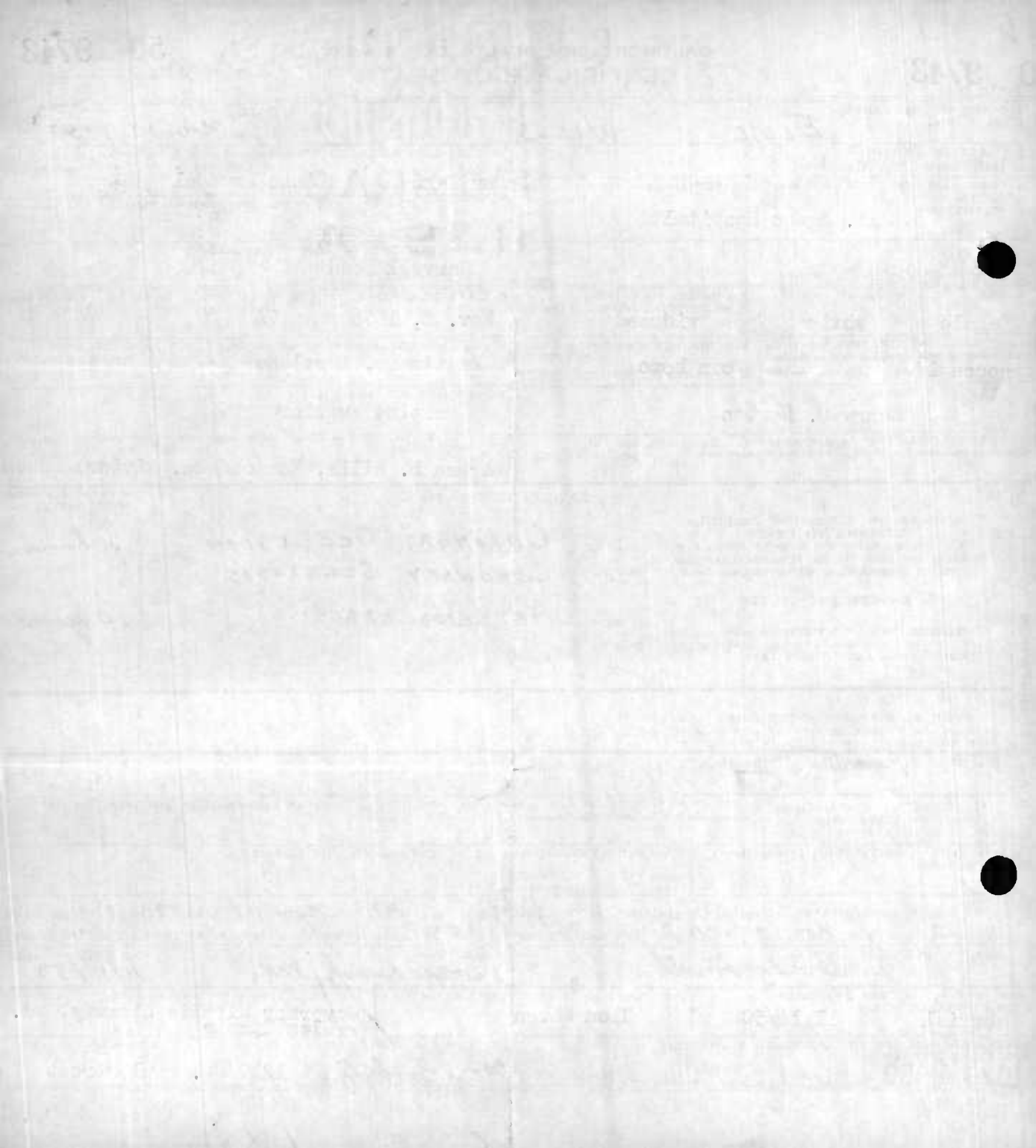
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY SMITH		Nov. 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 437 N. Caroline St.			
5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5/24/1880	
9. AGE (In years last birthday) 70		10. UNDER 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Mack		14. MOTHER'S MAIDEN NAME Lizzer ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Dorothy Smith		ADDRESS 437 N. Caroline St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 13, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/1950	
24C. NAME OF CEMETERY OR CREMATORY Mt. Arburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		25. FUNERAL DIRECTOR Elroy O. Wilson 1000 Beauty ...	

420
0 9743BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9743
Registered No.

1. NAME OF DECEASED (Type or Print) ELBIE WILLS			2. DATE OF DEATH Nov. 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riviera Beach		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Carvell Road 5200		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 8, 1876	9. AGE (in years last birthday) 74	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry C. Newton			14. MOTHER'S MAIDEN NAME Martina Frazier		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Warren N. Wills, Kenwood Rd. Riviera Beach		

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION DUE TO CORONARY SCLEROSIS ANTECEDENT CAUSES (B) ARTERIOSCLEROSIS DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 hours 10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 19 47 , to Nov. 10 , 19 50 that I last saw the deceased alive on Nov. 10, 1950 , and that death occurred at 9:30 P m., from the causes and on the date stated above.					
23A. SIGNATURE J. Brady Smith M. D.		23B. ADDRESS Riviera Beach, Md.		23C. DATE SIGNED 11/11/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/14/50		24C. NAME OF CEMETERY OR CREMATORY Glen Haven	
24D. LOCATION (City, town, or county) (State) Governor Ritchie Highway, Md.		24E. LOCATION (City, town, or county) (State) Glen Burnie			
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Wm. Cook, Jr.		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	



325
50 9744BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9744
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Watkins, Anthony</u>		2. DATE OF DEATH <u>November 12, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>9-05</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1914 1/2 East 31st St.</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-27-1880</u>	9. AGE (In years last birthday) <u>69</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Watkin's Printing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>Maryland</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Margaret Watkins 1914 1/2 E. 31st. St.</u>	
18. <u>42010</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary thrombosis</u> DUE TO <u>arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Diabetes mellitus</u>					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>November 11, 1950</u> to <u>November 12, 1950</u> , that I last saw the deceased alive on <u>Nov. 12, 1950</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Thaddeus Sewinski</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>Nov. 12, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-16-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 14 1950</u>		REGISTRAR'S SIGNATURE <u>William M. Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>John A. Moran 3000 E. Baltimore St.</u>	

1941

20

CERTIFICATE OF DEATH

1941

1941



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9745

Registered No. _____

220
9745

1. NAME OF DECEASED (Type or Print) <u>Leo William Hughes</u>			2. DATE OF DEATH <u>Nov. 13, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1436 Patapsco St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1436 Patapsco St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1888</u>	9. AGE (In years last birthday) <u>62</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Substation Operator</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>B & O Railroad</u>	11. BIRTHPLACE (State of foreign country) <u>Baltimore Md.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>Michael Hughes</u>			14. MOTHER'S MAIDEN NAME <u>Bridget Barrett</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS <u>Mrs Bernadette Hughes 1436 Patapsco</u>		

MEDICAL CERTIFICATION

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUTION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Myocardial Infarction</u> DUE TO (B) <u>Coronary Artery Disease</u> DUE TO (C) <u>Hypertensive Cardiovascular Disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1 week</u> <u>2 years</u>
--	--	--

19A. DATE OF OPERATION <u>11-12-50</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11-12</u> , 19 <u>50</u> , to <u>11-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>50</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>John P. Welch Jr.</u>		23B. ADDRESS <u>1227 Wash Blvd</u>		23C. DATE SIGNED <u>11-14 50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/16/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem.</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md.</u>		24E. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem.</u>		24F. LOCATION (City, town, or county) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 14 1950</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>John A. Morris 3000 E. Baltimore St.</u>	

500
50 9746BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9746
Registered No. _____

1. NAME OF DECEASED (Type or Print) JOSEPH J. SHEEHAN			2. DATE OF DEATH November 13, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 6 Elmhurst Road (mp)		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8- - 1896	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR OFFICE WORK STEEL INDUSTRY Office work			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Dennis J. Sheehan			14. MOTHER'S MAIDEN NAME Mary A. Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Emma R. Gerber			ADDRESS 6 Elmhurst Rd.		

18. 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute alcoholism DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 11-16-50	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE J. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-16-50	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950	REGISTRAR'S SIGNATURE Walter J. Williams, M.D.	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St.

WILSON
Baltimore City Health Department
CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Place of birth: [illegible]
6. Usual residence: [illegible]
7. Date of death: [illegible]
8. Time of death: [illegible]
9. Cause of death: [illegible]
10. Place of death: [illegible]
11. Signature of attending physician: [illegible]
12. Signature of registrar: [illegible]

13. Name of informant: [illegible]
14. Address of informant: [illegible]
15. Signature of informant: [illegible]
16. Date of completion: [illegible]
17. Signature of registrar: [illegible]

18. Name of informant: [illegible]
19. Address of informant: [illegible]
20. Signature of informant: [illegible]
21. Date of completion: [illegible]
22. Signature of registrar: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 9747**

1. NAME OF DECEASED (Type or Print) NYLIE PARKER		2. DATE OF DEATH Nov. 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 19-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 8 yrs		D. STREET ADDRESS (If rural, give location) 18 N. Carey St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Interstate Paint Co.	9. AGE (In years last birthday) 39
13. FATHER'S NAME Harrison Parker		14. MOTHER'S MAIDEN NAME Maude Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 224-14-3964	17. INFORMANT Mrs. Clyde Parker

18. 42011 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO (A) _____ (B) _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) _____ (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Devesche</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 14, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/17/50	24C. NAME OF CEMETERY OR CREMATORY Loudin Park Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950	REGISTRAR'S SIGNATURE <i>W. J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>George S. Agnew Funeral Home Inc.</i>	ADDRESS
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56424 118 W. Mt Royal Ave. #1 0942

MEDICAL CERTIFICATION

1771

20

WILLIAM H. HARRISON
CERIFICATE OF DEATH

2171

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

Wm. H. HARRISON

1812

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 9748**
23604

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Erdosy

2. DATE
OF
DEATH

11/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital of Balto., Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2710 E Preston St

c. Length of stay in Baltimore

28

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May - 4 - 1922

9. AGE (In years last birthday)

28 yrs

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Arthur Herman

14. MOTHER'S MAIDEN NAME

Martha Alberta Preston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Stephen J. Erdosy - 2710 E Preston St

18. *642.7*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

13 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Acute renal insufficiency*

DUE TO

13 days

(C) *Bilateral Cortical renal necrosis
Toxemia of pregnancy + abruptio placenta
Anemia, Pericarditis*

13 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/1/50

19B. MAJOR FINDINGS OF OPERATION

Caesarian Section

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/30, 1950*, to *11/13, 1950*, that I last saw the deceased alive on *11/13, 1950*, and that death occurred at *5:25 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Herbert Cheerin

M. D.

23B. ADDRESS

Linai Roy, Balto, Md.

23C. DATE SIGNED

11/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

11-16-1950

24C. NAME OF CEMETERY OR CREMATORY

Balto Cemetery

24D. LOCATION (City, town, or county)

North Ave - Balto Md

(State)

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

John P. Miller, Inc. - 2435 E Oliver St

ADDRESS

NOV 14 1950

VS 150

1446

MEDICAL CERTIFICATION

Additional information obtained from the "Division of Maternity Hygiene"
Birth - 50-23604 - 11/1/50

CERTIFICATE OF DEATH

RAILROADS AND THE CITY OF NEW YORK

State of New York

City of New York

Page 1



234
0 9750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9750

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward L. Hachtel		2. DATE OF DEATH Nov. 12/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2220 W. North Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2220 W. North Ave.	
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME George Hachtel		14. MOTHER'S MAIDEN NAME Elizabeth Mansdorfer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mrs. Elizabeth Hachtel, 2220 W. North Ave.	

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Chr. Myocarditis DUE TO (C) Chr. Interstitial Nephritis	INTERVAL BETWEEN ONSET AND DEATH 11-11-50 1940 1940
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 10, 1950** to **Nov. 12, 1950**, that I last saw the deceased alive on **Nov. 12, 1950**, and that death occurred at **4:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Paver Brown	23B. ADDRESS 1663 W. North St	23C. DATE SIGNED 11-14-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 15/50	24C. NAME OF CEMETERY OR CREMATORY Woodlawn
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry W. White	ADDRESS 4101 Edmondson Ave.
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131a

MEDICAL CERTIFICATION

NO 8730

RECEIVED BY THE DIRECTOR OF THE
CENTRAL BUREAU OF INVESTIGATION

NO 8730

NOV. 1940

NOV. 1940

RECEIVED BY THE DIRECTOR OF THE
CENTRAL BUREAU OF INVESTIGATION

NOV. 1940

RECEIVED BY THE DIRECTOR OF THE
CENTRAL BUREAU OF INVESTIGATION

NOV. 1940

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RECEIVED BY THE DIRECTOR OF THE
CENTRAL BUREAU OF INVESTIGATION

NOV. 1940

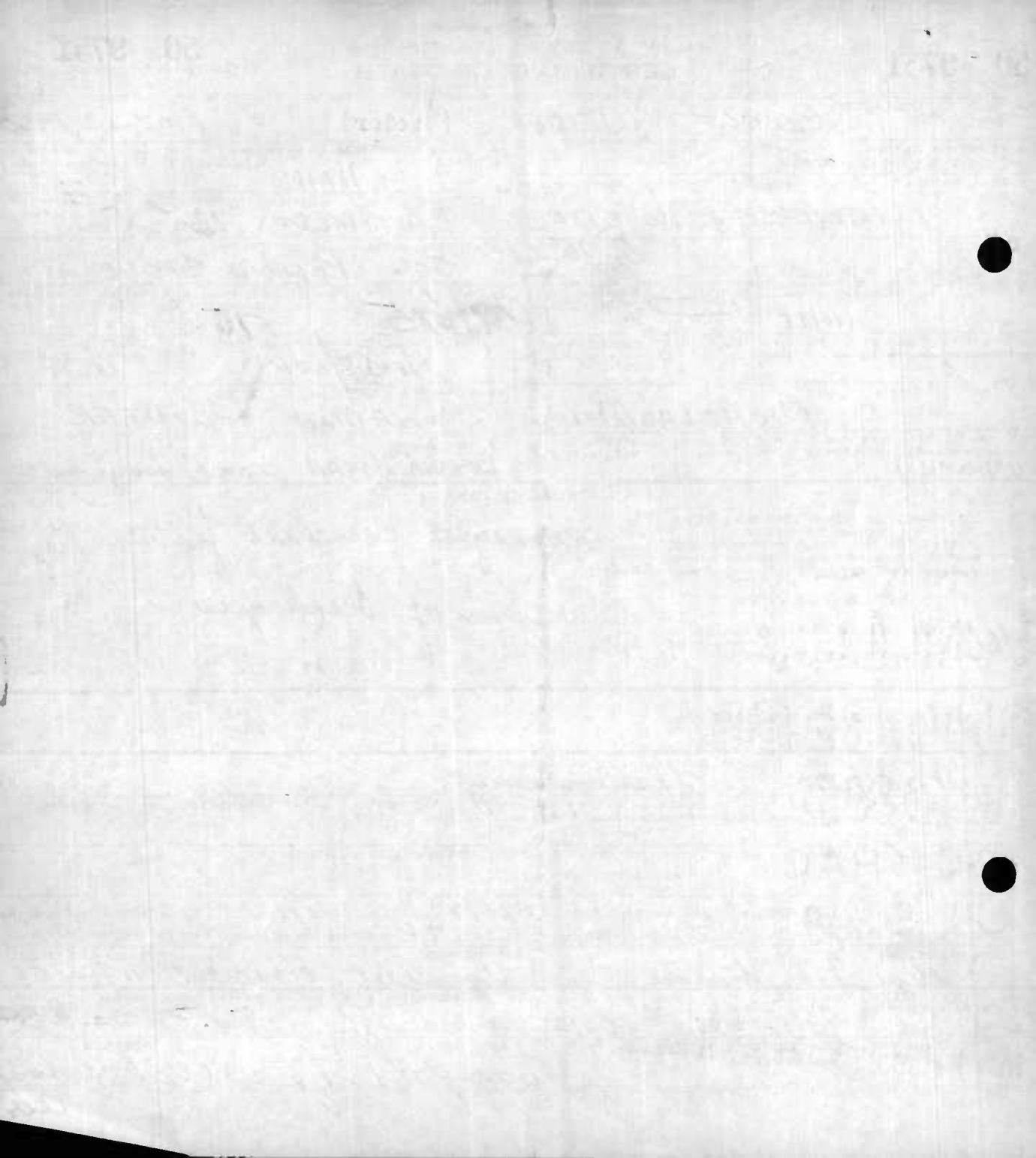
360
50 9751
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9751
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE WEIDER (Wieder)		2. DATE OF DEATH NOV. 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 23 20-07	
D. STREET ADDRESS (If rural, give location) 506 Poplar Grove St.		5. LENGTH OF STAY IN BALTIMORE Yrs. 76 Mos. 76 Days	
5. SEX M	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH 2/24/1875
9. AGE (in years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?	11. BIRTHPLACE (State or foreign country) NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME NICHOLAS WEIDER	
14. MOTHER'S MAIDEN NAME JOHANNA SPINTER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN	
16. SOCIAL SECURITY NO.		17. INFORMANT BERTHA HOGAN	
18. ADDRESS 509 N Longwood ST.		19. CAUSE OF DEATH	

18. 150X		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Oesophageal - Bronchial fistula ?	
2. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Oesophagus		3. INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 11/10/50	19b. MAJOR FINDINGS OF OPERATION Gastrostomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) NOV. 16/50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/2/50 , 19 50 , to 11/12 , 19 50 that I last saw the deceased alive on 11/12 , 19 50 , and that death occurred at 7 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE John F. Mahan	23b. ADDRESS University Hospital	23c. DATE SIGNED 11/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 16/50	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24d. LOCATION (City, town, or county) (State) Beltz Rd. Balt. Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Henry H. Wright	
ADDRESS 4101 Edmondson			



420
50 9752
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9752

1. NAME OF DECEASED (Type or Print) William D. Wallace		2. DATE OF DEATH Nov. 11/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 831 N. Chapelgate Lane	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 12, 1898	
9. AGE (in years last birthday) 52		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10B. KIND OF BUSINESS OR INDUSTRY U. S. Gov't	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Wallace		14. MOTHER'S MAIDEN NAME Regina Ann -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Kathryn M. Wallace		ADDRESS 831 N. Chapelgate Lane	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Coronary Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Interval between onset and death 1 day			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/10/50 to 11/11/50 , that I last saw the deceased alive on 11/11/50 and that death occurred at 3:25 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Joseph H. Lawkatz		23B. ADDRESS 679 W. 10th St. Phila.	
23C. DATE SIGNED 11/13/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/50	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park		24D. LOCATION (City, town, or county) (State) Dorsey, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Harvey H. Witzke		ADDRESS 4101 Edmondson Ave.	

MEDICAL CERTIFICATION

5078

CO

UNIVERSITY OF CALIFORNIA
LIBRARY

1951

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UNIVERSITY OF CALIFORNIA

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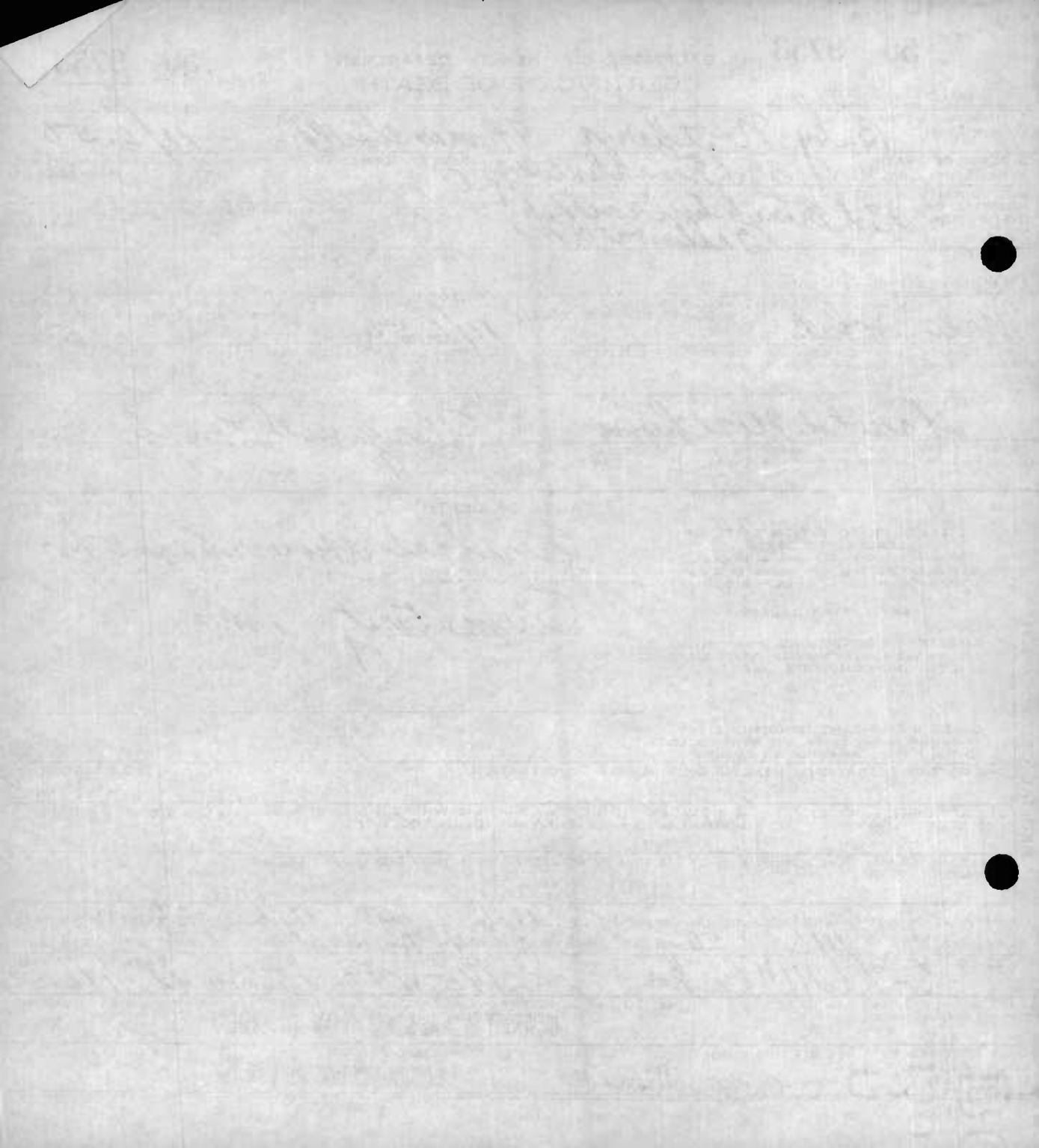
1951

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636		50 9753		NORTHERN		BALTIMORE CITY HEALTH DEPARTMENT		50 9753	
BIRTH NO. 50-24315						CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Baby Northern Thomas Howard						2. DATE OF DEATH 11/6.50			
3. PLACE OF DEATH: A. Baltimore City, Maryland 33 S. Franklin St						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE Maryland B. COUNTY Howard			
B. FULL NAME OF HOSPITAL OR INSTITUTION 33 S. Franklin St Baltimore, Md						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryland			
c. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location) 6300			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 11/6.50		9. AGE (In years last birthday) 5	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			
13. FATHER'S NAME Harold Northern				14. MOTHER'S MAIDEN NAME Virginia Pearl				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
18. 760.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES						(A) Cerebral Hemorrhage		5 hrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						(B) Prematurity		7 mo	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						(C)			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11/6. 1950 to 11/6. 1950, that I last saw the deceased alive on 11/6. 1950 and that death occurred at 4:30 A.M., from the causes and on the date stated above.									
23A. SIGNATURE Charles A. Cahn				23B. ADDRESS 2145 W Baltimore St		23C. DATE SIGNED 11/6-50			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		UNIVERSITY MEDICAL SCHOOL NOV 6 1950	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		Commissioner of Health		ADDRESS	



650
50 9754BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9754
Registered No.

BIRTH NO.			2. DATE OF DEATH <i>Nov 14, 1950</i>		
1. NAME OF DECEASED (Type or Print) <i>HUGH J. HORNE, SR</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>North Carolina</i> B. COUNTY <i>V-30</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Roanoke Rapids</i>		
C. Length of stay in Baltimore <i>3</i>			D. STREET ADDRESS (If rural, give location) <i>528 Vance St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov 2, 1898</i>		9. AGE (In years last birthday) <i>52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Textile Engineer</i>			11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James J. Horne</i>			14. MOTHER'S MAIDEN NAME <i>Mentora Jarvie</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>unknown</i>			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>Son</i> ADDRESS <i>Same</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> (A) DUE TO		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Aneurysm of Myocardium</i> (B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			

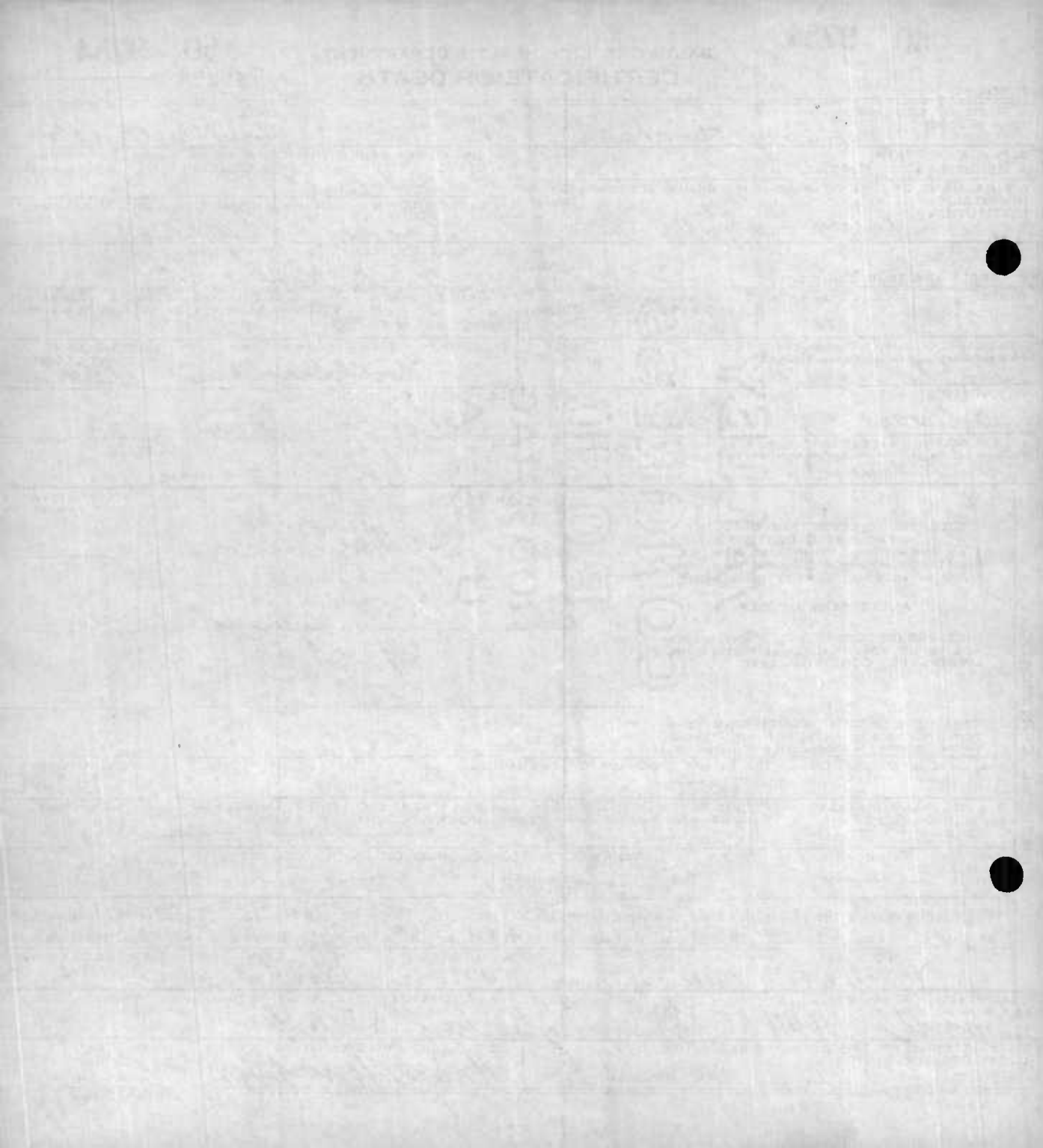
22. I hereby certify that I attended the deceased from *Nov 12*, 19*50*, to *Nov 14*, 19*50*; that I last saw the deceased alive on *Nov 14*, 19*50*, and that death occurred at *6:05 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Philip W. Neuman</i> M.D.	23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>Nov 14, 1950</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>11/14/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Framington Cem</i>	24D. LOCATION (City, town, or county) (State) <i>N.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1950</i>	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>Philip Neuman</i>	ADDRESS <i>2024</i>

046 4E

937



363 50 9755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9755

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MABEL MERCER STRATTON		2. DATE OF DEATH Nov. 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 101 Monument St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 101 Monument St. 8th floor Apt.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 8, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 70
13. FATHER'S NAME Andrew Mercer		11. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Zell Carhart	
17. INFORMANT Mrs. Wallace D. White		ADDRESS N. J. Atlantic Highlands	

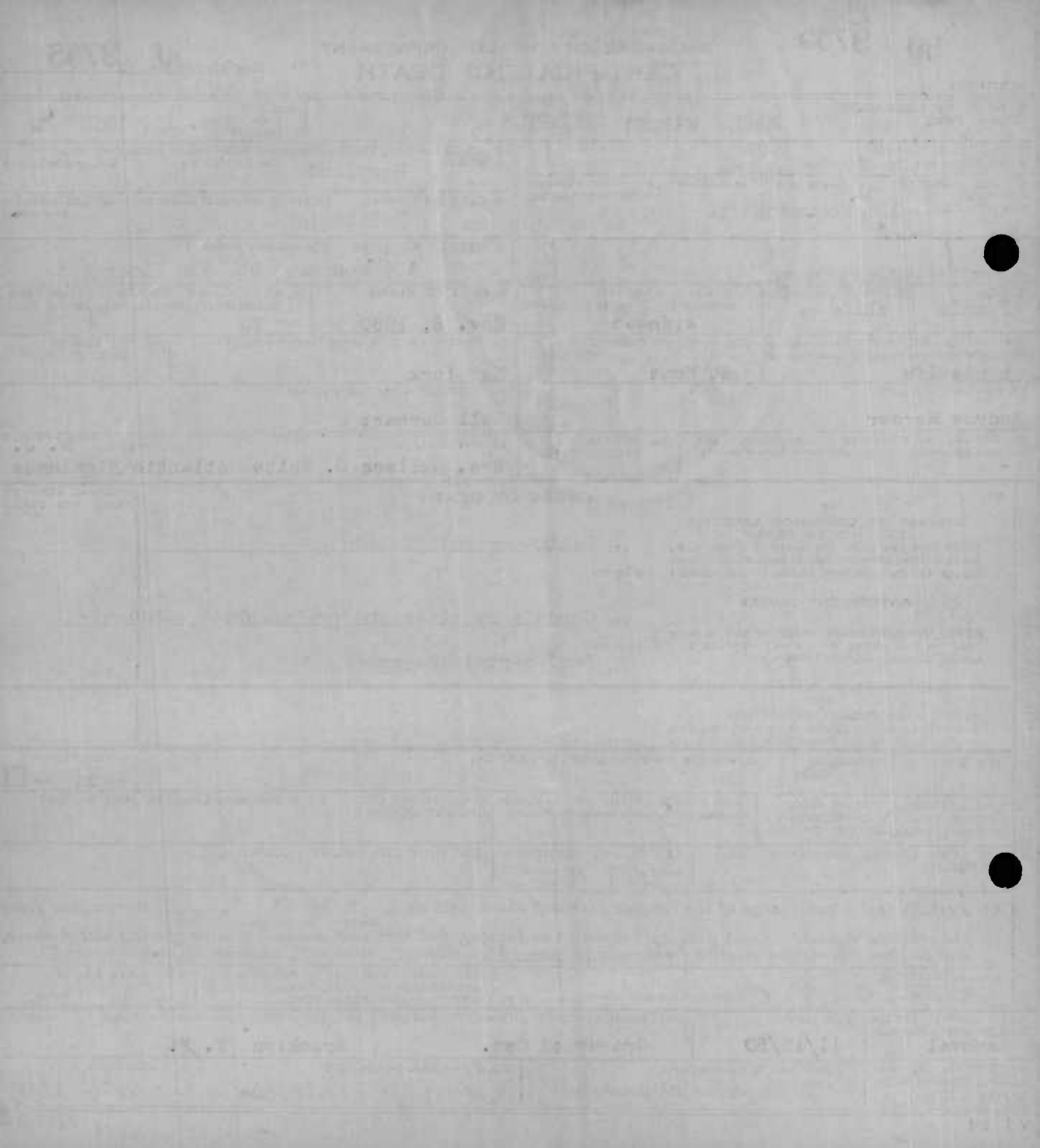
18. 605X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Recto-vaginal fistula DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic cystitis and pyelonephritis-bilateral DUE TO Peri-rectal abscesses	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Decker</i> M.D.	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 14, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11/15/50	24C. NAME OF CEMETERY OR CREMATORY Greenwood Cem.
24D. LOCATION (City, town, or county) Brooklyn N. Y.		(State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950	REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Sicker & Sons - Balt</i>	ADDRESS <i>133. a</i>
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50 9756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9756

Registered No.

BIRTH NO. 50-23626

1. NAME OF DECEASED
(Type or Print)

LEE, Baby Boy - 1 female

2. DATE
OF
DEATH

11-5-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-31-50

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Blanche Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Blanche Lee

18. 760.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Dehydration, vomiting

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Subdural Hematoma

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1 1950, to 11-5 1950, that I last saw the
deceased alive on 11-5 1950, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 13 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

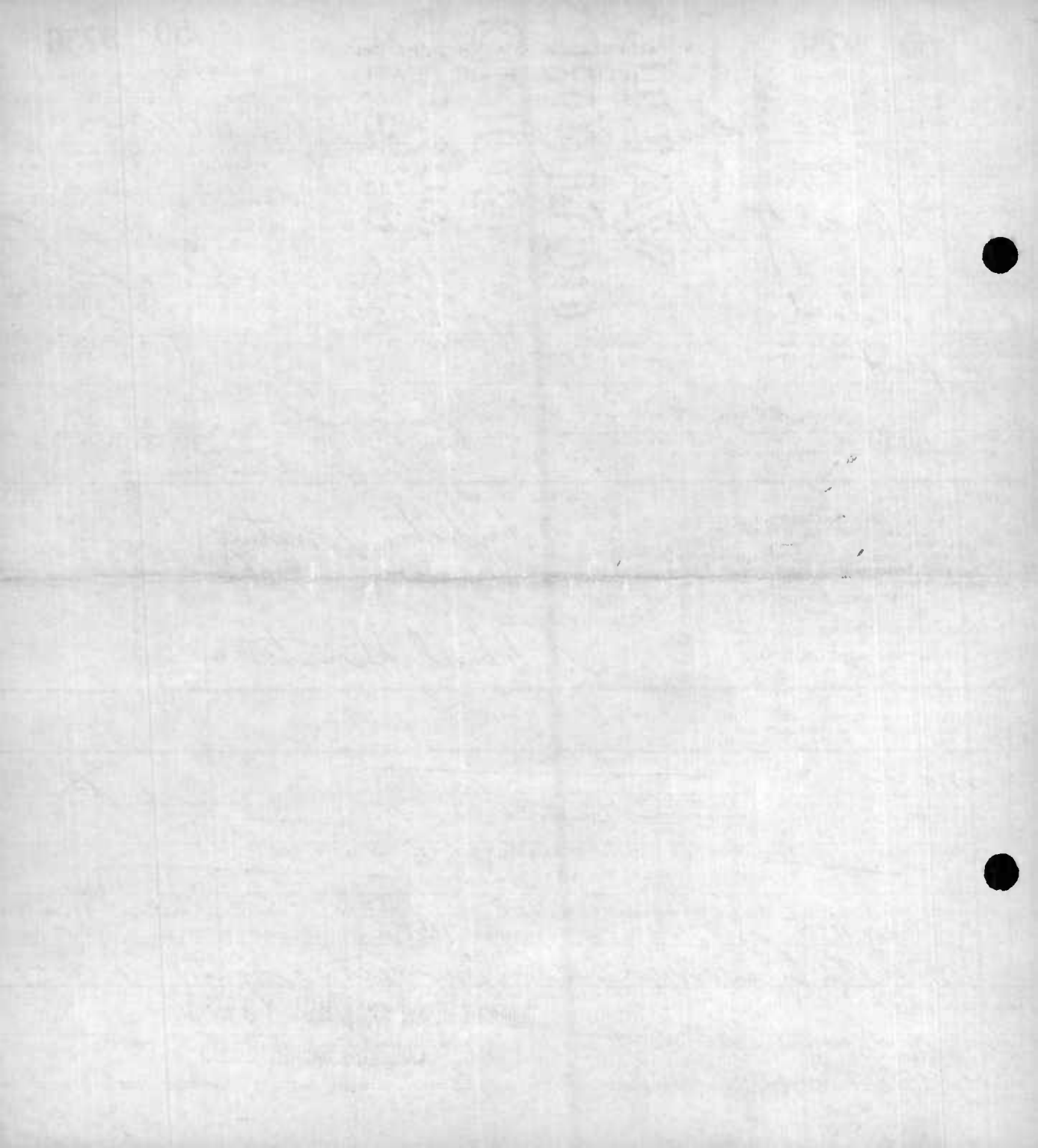
Commissioner of Health

NOV 15 1950

VS 150

160c

MEDICAL CERTIFICATION



A 60
REA-123760

50 9757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9757

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Arthur Taylor

2. DATE
OF
DEATH

Nov. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

48 Market Place

c. Length of stay in Baltimore

32 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

B. DATE OF BIRTH

June 27, 1883

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William

(D)

14. MOTHER'S MAIDEN NAME

Louise Howery

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis with right hemiplegia 4 Mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Arteriosclerotic Cardio
Vascular Disease

DUE TO

Over 3
years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1948, to 11-5, 1950, that I last saw the
deceased alive on 11-5, 1950, and that death occurred at 4:20A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

4940 Eastern Avenue

23C. DATE SIGNED

11-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 14 1950

DATE RECEIVED BY
LOCAL REGISTRAR
NOV 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

1937

1937

CERTIFICATE OF DEATH

BEFORE THE DEATH OF THE DECEASED

1937

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50 9758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9758
Registered No.

BIRTH NO. 50-23914

1. NAME OF DECEASED
(Type or Print)

MERRETT, Baby Boy

2. DATE
OF
DEATH

11-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

infant

8. DATE OF BIRTH

11-6-50

9. AGE (in years
last birthday)

3 HOURS

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 757.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hydro ureter, Dilatation of
bladder, congenital urethral
stricture

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1950, to 11-6, 1950, that I last saw the
deceased alive on 11-6, 1950, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bisman

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

NOV 15 1950

UNIVERSITY MEDICAL SCHOOL NOV 13 1950

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

8103

50



50 9759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9759

BIRTH NO. 50-44921

1. NAME OF DECEASED
(Type or Print)

BABY BOY SANFORD

2. DATE
OF
DEATH

11/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Edgewood

D. STREET ADDRESS (If rural, give location)

Old Philadelphia Rd.

6200

c. Length of stay in Baltimore

30 Min.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Nov. 11, 1950

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gordon Dalziel Sanford

14. MOTHER'S MAIDEN NAME

Ruth Margaret Gorray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ruth Sanford, Old Philadelphia Rd.

18. 750.X ?

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital malformation of
nose, eyes, mouth, face
& internal organs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11/11/50, 19, to 11/11/50, 19, that I last saw the
deceased alive on 11/11/50, 19, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lee N. Kastner

M. D.

23B. ADDRESS

c/o Sinai Hosp

23C. DATE SIGNED

11/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

T. J. Williams, M.D.

Commissioner of Health

JOHN HOPKINS MEDICAL SCHOOL NOV 13 1950

620
50 9760

50 9760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50-24375

1. NAME OF DECEASED (Type or Print) "Baby" Myers		2. DATE OF DEATH 11-10-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 434 Worsley		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 434 Worsley	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-10-50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 14	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Wilton S. Snigg		12. CITIZEN OF WHAT COUNTRY? 14	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **020.2**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Malnutrition -**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

14 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Yes?**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **11-10-50** to **11-10-50**, 19**50** that I last saw the deceased alive on **11-10-50**, 19**50**, and that death occurred at **9 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
NOV 15 1950

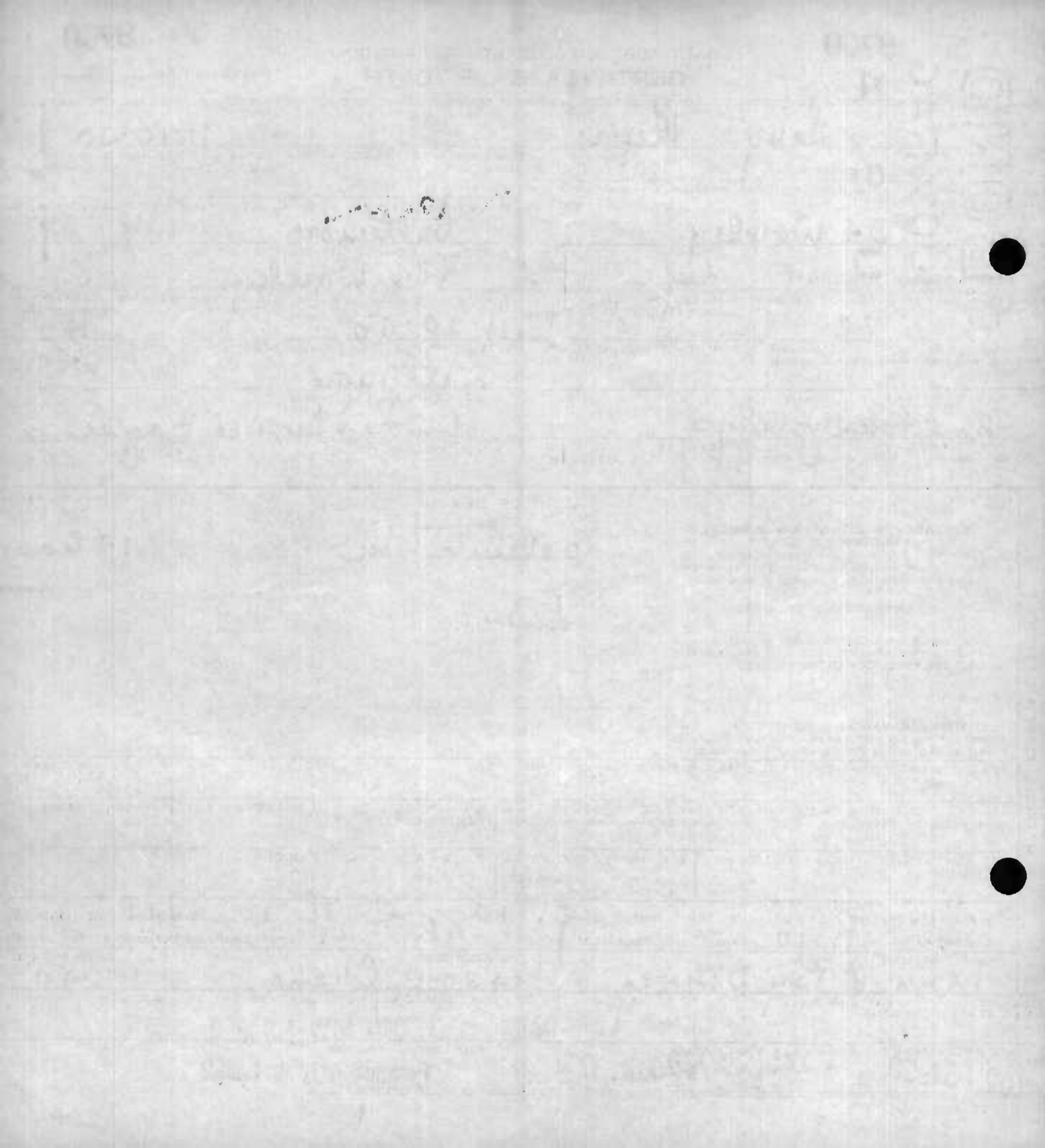
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL NOV 13 1950

Commissioner of Health



242
50 9761BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9761
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leo M. Wyczalek

2. DATE
OF
DEATH

Nov. 13 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

925 N. Linwood ave

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

13. FATHER'S NAME

Roman

Wyczalek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

212-09-0676

17. INFORMANT

ADDRESS

Stella Wyczalek 925 N. Linwood ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Coronary Thrombosis 1st

Chronic Myocarditis 6 yrs

General Atherosclerosis 6 yrs

Hypertension 6 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1945, to Nov. 13, 1950, that I last saw the
deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 18 - 1950

Holy Rosary

Balto. Co.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

J. Huntington Williams, M.D.

Mr. J. S. Filtkowski 2007 Eastern Ave

1978

1978

UNITED STATES OF AMERICA

VALLEY

CONFERENCES

SECOND

CONFERENCE

1978

612
50 9762BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9762
Registered No.

BIRTH NO. 50-24660

1. NAME OF DECEASED
(Type or Print)

Grabecki, Baby Girl

2. DATE

OF

DEATH Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's

Yrs.
Mos.
Days

C. Length of stay in Baltimore 16 hr. 45 min.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1710 Rutland Ave.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 13, 1950

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

16 45

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Stephen Stanislaus Grabecki

14. MOTHER'S MAIDEN NAME

Mary Agnes Valis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Stephen S. Grabecki 1710 Rutland Ave

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) 1. telectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) 1. immaturity

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 13, 1950 to November 14, 1950 that I last saw the
deceased alive on Nov. 13, 1950, and that death occurred at 12:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

V. L. Corpea

M. D.

1400 N. Caroline St.

11/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 15-1950

St. Stanislaus

Balto City

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

William J. Williams, Jr.

Wm. S. Fialkowski 2007 Eastern Ave

3012

02

RECEIVED

3012

02

RECEIVED

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ES-15983

50 9763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9763
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William H. McCoy			2. DATE OF DEATH 11-12-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (Infirmary) 26-12		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) B.C.H. Infirmary- 4940 Eastern Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 16, 1874		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William McCoy			14. MOTHER'S MAIDEN NAME Theodosa Cannoles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Records* Balto. City Hospitals Eastern Ave		

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH
more than 5 years

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-2 , 19 26 , to 11-12 , 19 50 , that I last saw the deceased alive on 11-12 , 19 50 , and that death occurred at 5:00 P. , from the causes and on the date stated above.					
23A. SIGNATURE <i>P. J. Boyan</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-14-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/16/50		24C. NAME OF CEMETERY OR CREMATORY Moreland Park	
				24D. LOCATION (City, town, or county) (State) Parkville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
				ADDRESS 1217 St. Paul Street	

VS 150

093d.

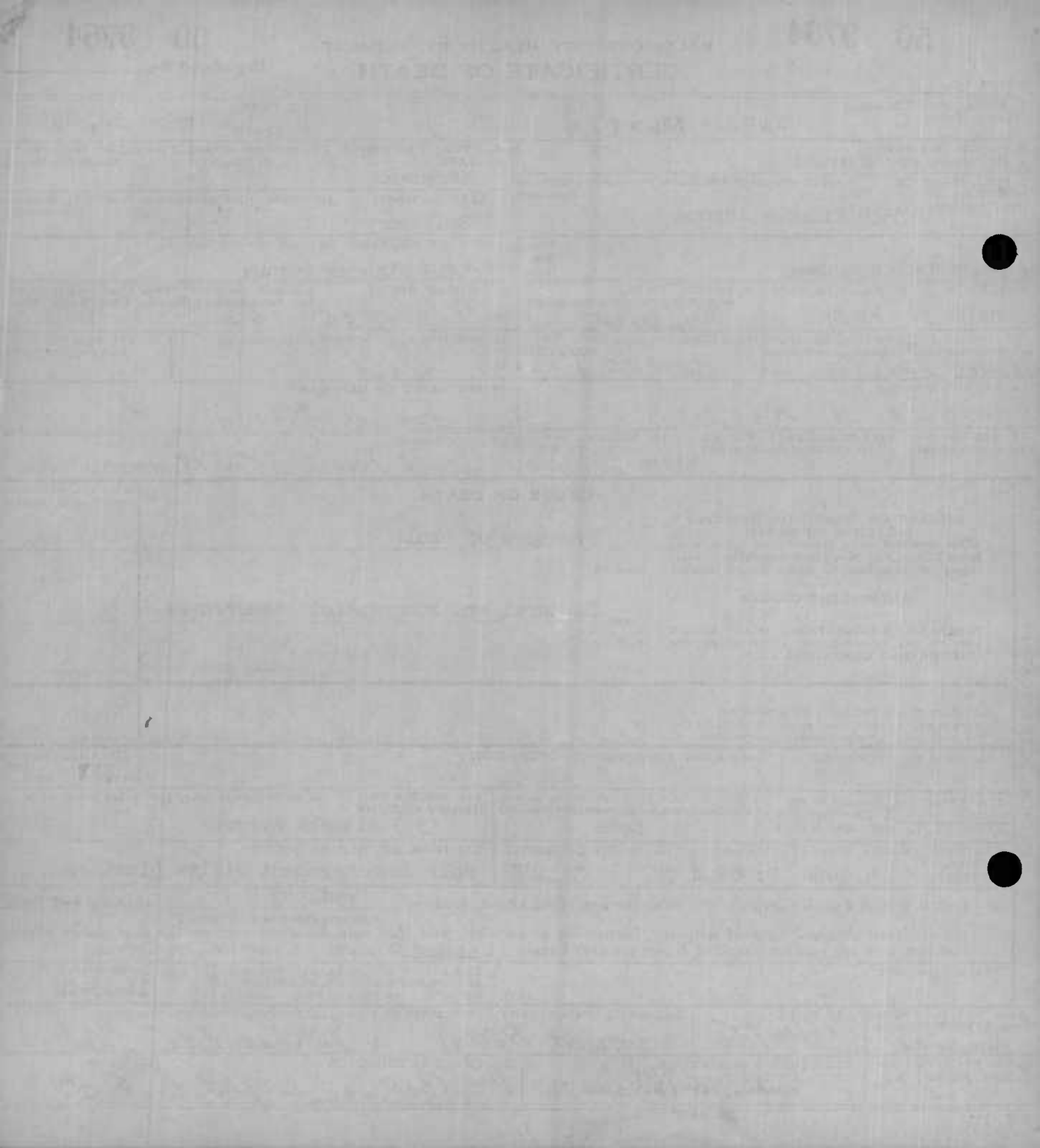
30 0963

DATE OF BIRTH

30 0963



300 50 9764		BALTIMORE CITY HEALTH DEPARTMENT		50 9764	
		CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print)		JAMES MURRAY REED		2. DATE OF DEATH November 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5519 Minnoka Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-19			
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 5519 Minnoka Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/3/1886	9. AGE (In years last birthday) 64	10. Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter		10B. KIND OF BUSINESS OR INDUSTRY Building (CONSTR)		11. BIRTHPLACE (State or foreign country) Ind	
12. CITIZEN OF WHAT COUNTRY? Ind		13. FATHER'S NAME David A. Reed		14. MOTHER'S MAIDEN NAME Jennie Keim	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 307-03-9107		17. INFORMANT Ida V. Reed	
18. E 900.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull DUE TO Subdural and subarachnoid hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 27/19	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5519 Minnoka Avenue 27/19	
21D. TIME (Month) (Day) (Year) (Hour) November 12, 1950 9:30 P.M.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Fell down basement stairs (inside)	
22. I certify that I took charge of the remains described above, held an Autopsy thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR..... M.D. _____	
23C. DATE SIGNED 11-13-50		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/50	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) Pikesville Md.		24E. FUNERAL DIRECTOR Wm. Bok Inc. 1217 St. Paul St.	
24F. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950		24G. REGISTRAR'S SIGNATURE Wm. Bok Inc.		24H. ADDRESS 1217 St. Paul St.	
VS 151		N 803.2		564 24 186a	



.620 50 9765

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <u>Meyers, Anna Barbara</u>		2. DATE OF DEATH <u>Nov. 13, 1950</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>82</u> Yrs. <u>Mos.</u> <u>Days</u>		D. STREET ADDRESS (If rural, give location) <u>2601 Ailsa Ave.</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 13, 1858</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>92</u>
13. FATHER'S NAME <u>John Andrew Steiner</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Rau</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Katherine Leyl</u>		ADDRESS <u>2601 Ailsa Ave</u>	
18. <u>E900.0</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Fracture, Hip, Right</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) <u>CERTIFICATION APPROVED BY</u> <u>Dr. John R. Davis</u> per: <u>B. B. Davis</u> M. D. CHIEF OR ASST. MEDICAL EXAMINER (C) <u>—</u>			INTERVAL BETWEEN ONSET AND DEATH <u>27/3</u>
19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21C. WHERE DID INJURY OCCUR? <u>2601 Ailsa Ave.</u>		21D. TIME (Month) (Day) (Year) (Hour) <u>Sept. 16 1950 ? m.</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Missed last step, fell to ground</u>	
22. I hereby certify that I attended the deceased from <u>September 16 1950</u> to <u>November 13, 1950</u> , that I last saw the deceased alive on <u>Nov. 13, 1950</u> , and that death occurred at <u>4:55 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>William R. Radwin</u>		23B. ADDRESS <u>1100 N. Caroline St.</u>	
23C. DATE SIGNED <u>11/13/50</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov 16-1950</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore - Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 15 1950</u>		25. FUNERAL DIRECTOR <u>Mr. Mrs. John W. Teyfel & Son</u>	
REGISTRAR'S SIGNATURE <u>William R. Radwin</u>		ADDRESS <u>5311 Edmondson Ave</u>	

MEDICAL CERTIFICATION

8765

8765

CERTIFICATE OF DEATH

8765



560
50 9766

BALTIMORE CITY HEALTH DEPARTMENT

50 9766

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE DANIEL VIEHMeyer

2. DATE
OF
DEATH

11/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Unmarried

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR
INDUSTRY

Factory (ANS(M))

13. FATHER'S NAME

Frederick Viehmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

24-03-4324

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (If rural, give location)

111 S. Catherine St

8. DATE OF BIRTH

Sept. 29-1901

9. AGE (In years
last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Eust

17. INFORMANT

Marie R. Viehmeyer - Nurse

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE CORONARY OCCLUSION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1950, to 11/12, 1950 that I last saw the
deceased alive on 11/12, 1950, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Dr. H. H. Brown

M. D.

23b. ADDRESS

St. Agnes Hosp.

23c. DATE SIGNED

11/12/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Nov 15/50

24c. NAME OF CEMETERY OR CREMATORY

New Catholic

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Sam - 1300 E. Howard St

ADDRESS

5443D

094a

7

STATE OF NEW YORK

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]



212
50 9767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9767
Registered No.

BIRTH NO. 50-23790

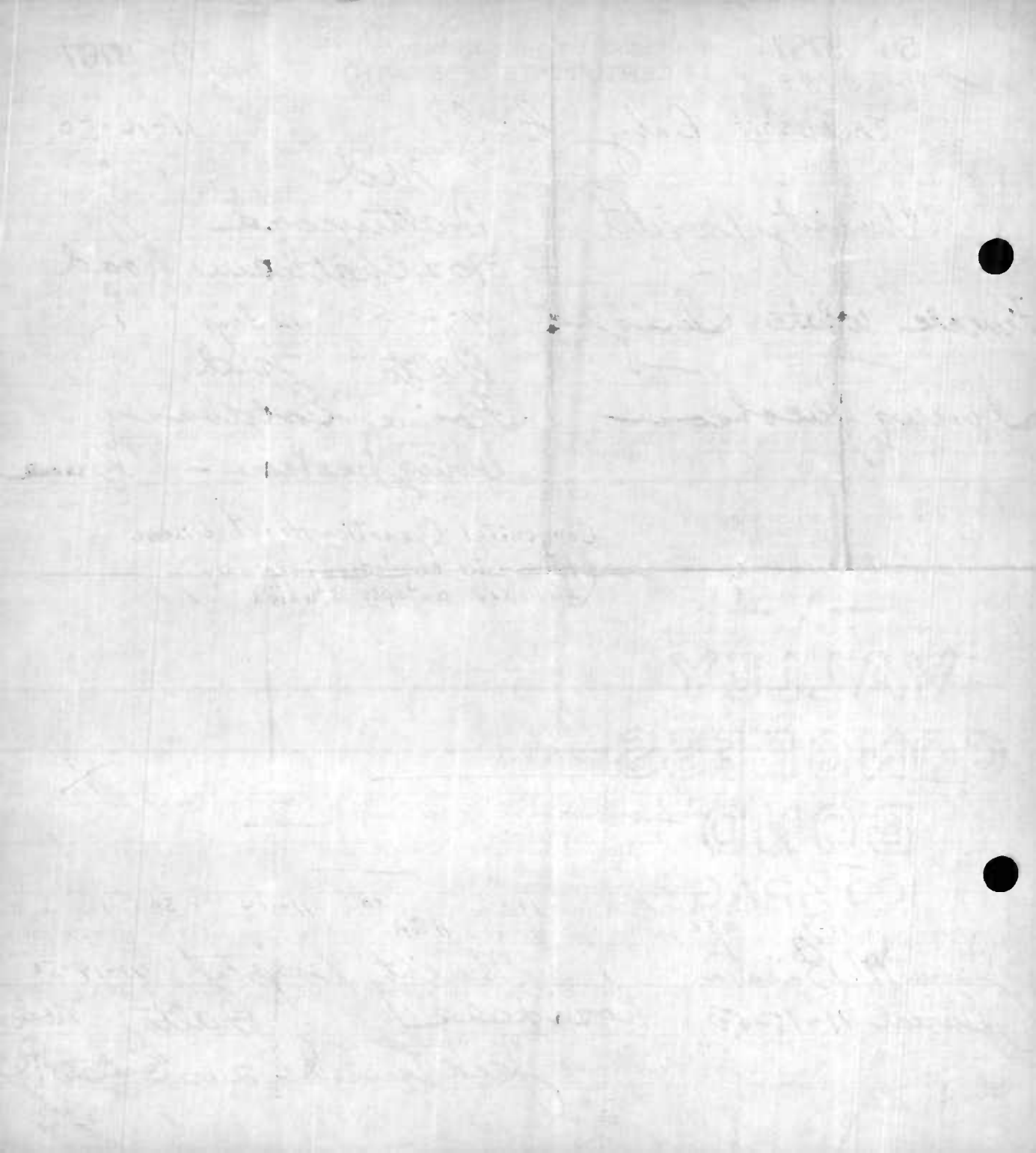
1. NAME OF DECEASED (Type or Print) JACOBSON, Baby Girl		2. DATE OF DEATH 11-14-50	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY 15-10	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 12 Yrs. Mos. Day		d. STREET ADDRESS (If rural, give location) 3902 Chatham Road	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-2-50
9. AGE (In years last birthday) 12 days		10. H Under 1 Year Months: Days: 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Irving Jacobson		14. MOTHER'S MAIDEN NAME Florine Goldberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Irving Jacobson - Same		ADDRESS	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital Cyanotic Heart Disease (type will be determined by further autopsy studies) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		CAUSE OF DEATH 19. DATE OF OPERATION 2 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
---	--	--	--

21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-2 , 19 50 , to 11-14 , 19 50 , that I last saw the deceased alive on 11-14 , 19 50 , and that death occurred at 11:20 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE James M. Bissan		23b. ADDRESS, M. D. Mount Vernon Hospital		23c. DATE SIGNED 11-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-50		24c. NAME OF CEMETERY OR CREMATORY Rosedale	
24d. LOCATION (City, town, or county) (State) Balto Md		24e. DATE RECEIVED BY LOCAL REGISTRAR		24f. REGISTRAR'S SIGNATURE Thurston Williams	
24g. FUNERAL DIRECTOR Jack Lewis		24h. ADDRESS 2100 Goutaw Rd		24i. DATE RECEIVED BY LOCAL REGISTRAR	

NOV 15 1950

1572



125
50 9768BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9768
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB TOBESMAN

2. DATE
OF
DEATH

11-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Suva

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2554 Hollins St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 401.3 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)
DUE TORheumatic heart disease
e chronic congestive
failure(B)
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

(over)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1950, to 11-14, 1950, that I last saw the
deceased alive on 11-14, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

Huntington Williams, M.D.

Jack Levine, Inc. 2100 Canton Rd

VS 150

525 3U

95B

MEDICAL CERTIFICATION

Was this R.H. Condition accompanied
by active rheumatic fever about the
time of death?

or — inactive, *guessing* — a chronic
condition?

"Probably active"

See Document File 50-9768

1/8/1951 ES

361
50 9769BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9769

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY RITTERBUSCH

2. DATE
OF
DEATH

Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY 19-04

D. STREET ADDRESS (If rural, give location)

7 S. FULTON AVE

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAR 28, 1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired fireman - City

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Moritz RITTERBUSCH

14. MOTHER'S MAIDEN NAME

MARGARET BANNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

2 mos

. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ~~HEP~~ Hepatosclerosis.

DUE TO

not known

not known

(C) Hypertensive cardiovascular disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1950, to Nov 14, 1950, that I last saw the
deceased alive on 3 Nov, 1950, and that death occurred at 2:55 m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Remond

23B. ADDRESS

M. D.

Franklin Square Hosp.

23C. DATE SIGNED

Nov 14, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-17-50

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

J. H. Remond

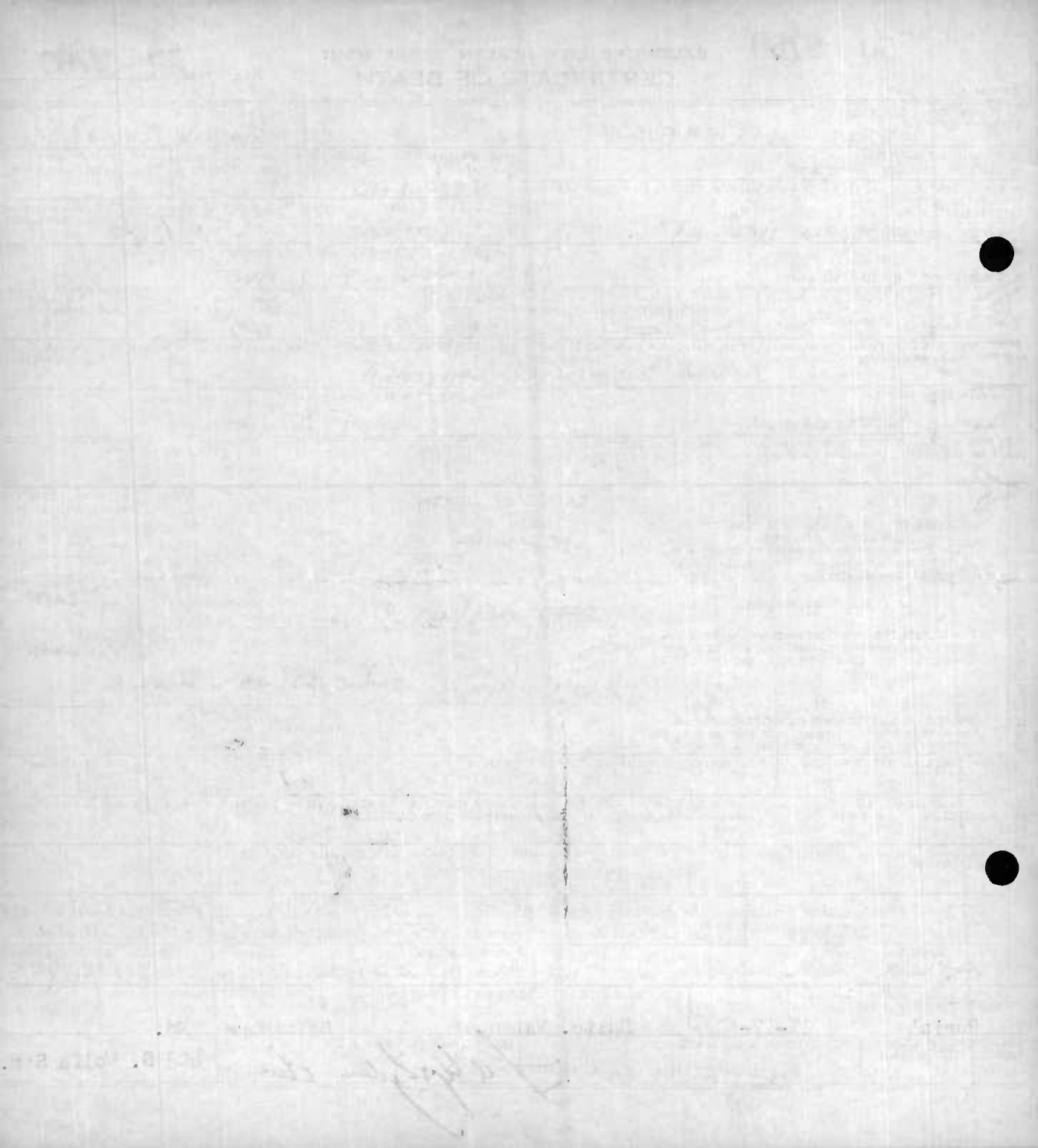
J. H. Remond

403 S. Wolfe Str.

VS 150

762 93

131a



543 50 9770

50 9770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Reynolds

2. DATE
OF
DEATH

November 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JONES HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2-03

D. STREET ADDRESS (If rural, give location)

612 S. Bethel St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

male white

widowed

10-25-86

64

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Seaman

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Reynolds

14. MOTHER'S MAIDEN NAME

Amanda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JONES HOPKINS HOSPITAL

18. 151 X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMATOSIS

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(Probably primary in stomach or
pancreas)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

11/5/50

HEPATIC CARCINOMA

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-3-1950, to 11-13-1950, that I last saw the deceased alive on 11-13-1950, and that death occurred at 555 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Arthur K. Nelson

M. D.

JONES HOPKINS HOSPITAL

11/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov. 16/50

Laredo Street

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

Registrar William M.

Fred H. Ogazinski

VS 150

97099 1930 Eastern Ave

46 B

MEDICAL CERTIFICATION

*If possible, please state a
more definite anatomical
location of the malignant tumor?*

"Patient had gastro-enterostomy in 1936 for reportedly grossly benign gastric ulcer.
That is only lead to possible site".

See Document File 50-9770 for full query answer
12/18/50 ES

620 50 9771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9771
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA REBECCA SAUERS

2. DATE
OF
DEATH

11/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

GEORGE JORDAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

23-03

D. STREET ADDRESS (If rural, give location)

175 W. CROMWELL ST.

8. DATE OF BIRTH

SEPT. 16, 1883

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

MR. MARTIN SAUERS 175 CROMWELL ST.

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Intra-pericardial Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Thrombosis & Rupture of Left Coronary Artery

DUE TO

(C)

Arterio-sclerotic Heart Disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/50, 19__, to 11/14/50, 19__, that I last saw the deceased alive on 11/14/50, 19__, and that death occurred at 3:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. D. Burnino

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

11/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/17/50

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEM. PARK

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 LIGHT ST.

30 301

30 301

11/1/50

11/1/50

MARY ANN

BARTON

112 W. CROMWELL ST.

11/1/50

MARRIED

FEMALE WHITE

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

11/1/50

250
50 9772BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9772

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Betram Jackson

2. DATE
OF
DEATH

11-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

577 Oxford Street

C. Length of stay in Baltimore

45 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 18, 1890

9. AGE (In years last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

LAUNDRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Jackson

14. MOTHER'S MAIDEN NAME

Sallie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Massive Cerebral Hemorrhage
Terminal Bronchopneumonia

5 Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11 1950, to 11-11-50, that I last saw the deceased alive on 11-11-1950, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 16 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

578 W. Biddle St.

5776 02

5776 02



50 9773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9773

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allan Cleveland

2. DATE
OF
DEATH

Nov 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-09

D. STREET ADDRESS (If rural, give location)

2124 1st St. N. Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male American

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 28, 1872

9. AGE (In years last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer & Judge

10B. KIND OF BUSINESS OR INDUSTRY

Juvenile Court Balto.

11. BIRTHPLACE (State or foreign country)

Baltimore Ind.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Amos J. Cleveland

14. MOTHER'S MAIDEN NAME

Mary Ellen Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Allan M. Cleveland - Rd #1, Hudson, Ohio

ADDRESS

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pyonephrosis - right

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

General & Cerebral Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Terminal Bronchopneumonia 5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1950, to Nov 13, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Vernon H. Monroe

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

Nov 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/16/50

24C. NAME OF CEMETERY OR CREMATORY

DROID RIDGE

24D. LOCATION (City, town, or county)

PIKESVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm J. Tichenor & Sons, Balto. Md.

ADDRESS

NOV 15 1950

VS 150

133a Md.

Md.

MEDICAL CERTIFICATION

1918

STATE OF NEW YORK
IN SENATE
January 15, 1918.

REPORT
OF THE
COMMISSIONER OF
THE LAND OFFICE
IN RESPONSE TO
A RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1917.

ALBANY:
J.B. LEECH, JR.,
PRINTERS.

140
50 9774BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9774

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE ALLYNE SHIPLEY

2. DATE
OF
DEATH

Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 2 N. Wheeler Ave.Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Allen E. Daley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. John H. Shipley - 2 N. Wheeler Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Tuberculosis bilateral
with cavitation
(cavitation)

7 yr

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April, 1946, to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950 and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/17/50

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

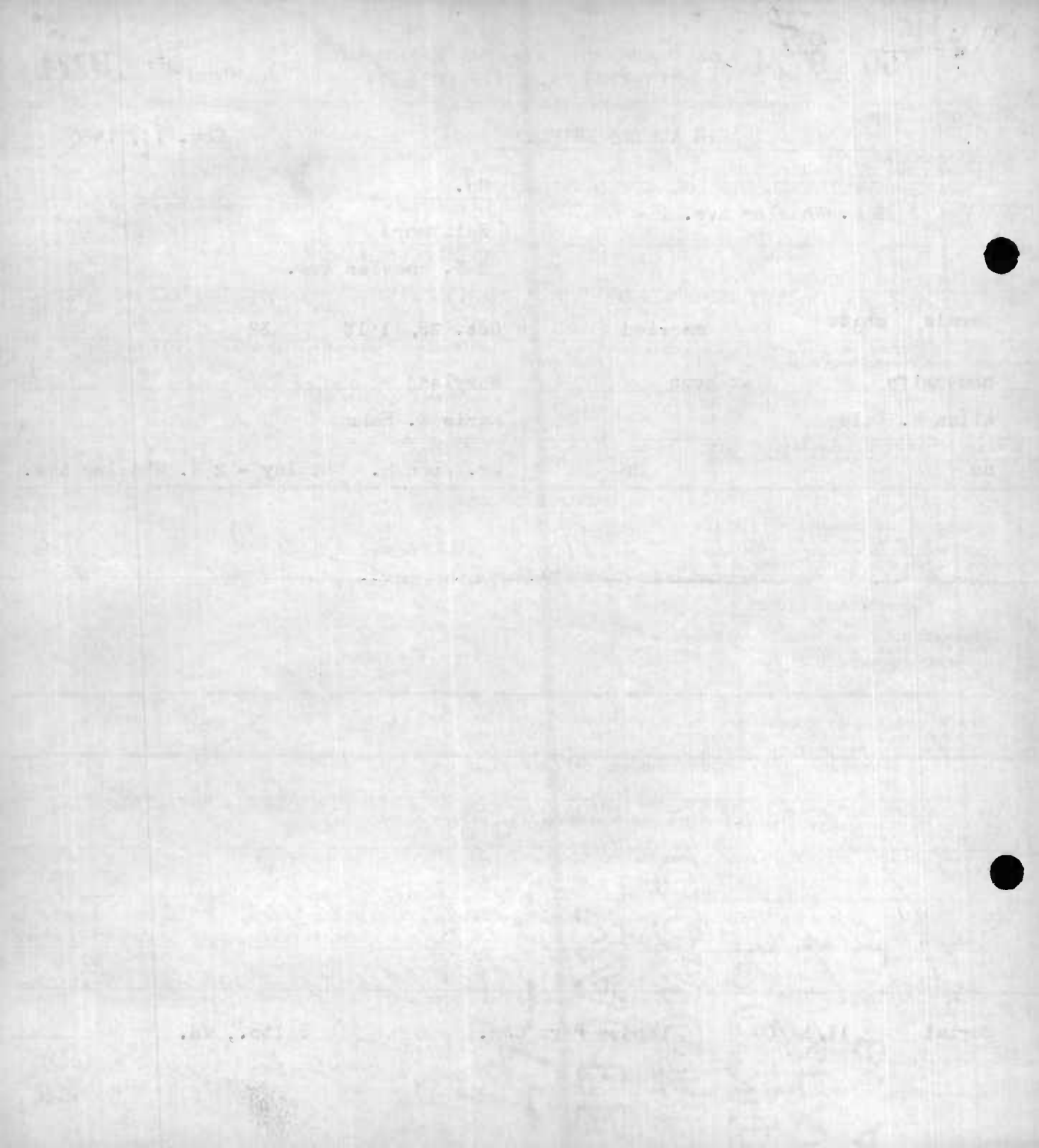
25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

VS 150

0136



242
50 9775BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9775
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Joseph Jaskolski</i>		2. DATE OF DEATH <i>Nov. 13, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>med Oct 7</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>3-0</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>13 S. Greer St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>7-29-82</i>	9. AGE (In years last birthday) <i>68</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
13. FATHER'S NAME <i>Vincent F. Jaskolski</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>220-05-7808</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>002X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>SPONTANEOUS PNEUMOTHORAX 360KS</i> (B) <i>PULMONARY TBC, ADVANCED 5YRS.</i> (C) _____	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/8*, 1950, to *11/13*, 1950, that I last saw the deceased alive on *11/13*, 1950, and that death occurred at *12 noon*, from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph Stokes III</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11-13-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 17/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>
24D. LOCATION (City, town, or county) (State) <i>Balta. County</i>	24E. FUNERAL DIRECTOR <i>John M. Weber</i>	24F. ADDRESS <i>401 S. Chester St.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1950</i>		

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50 9776 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

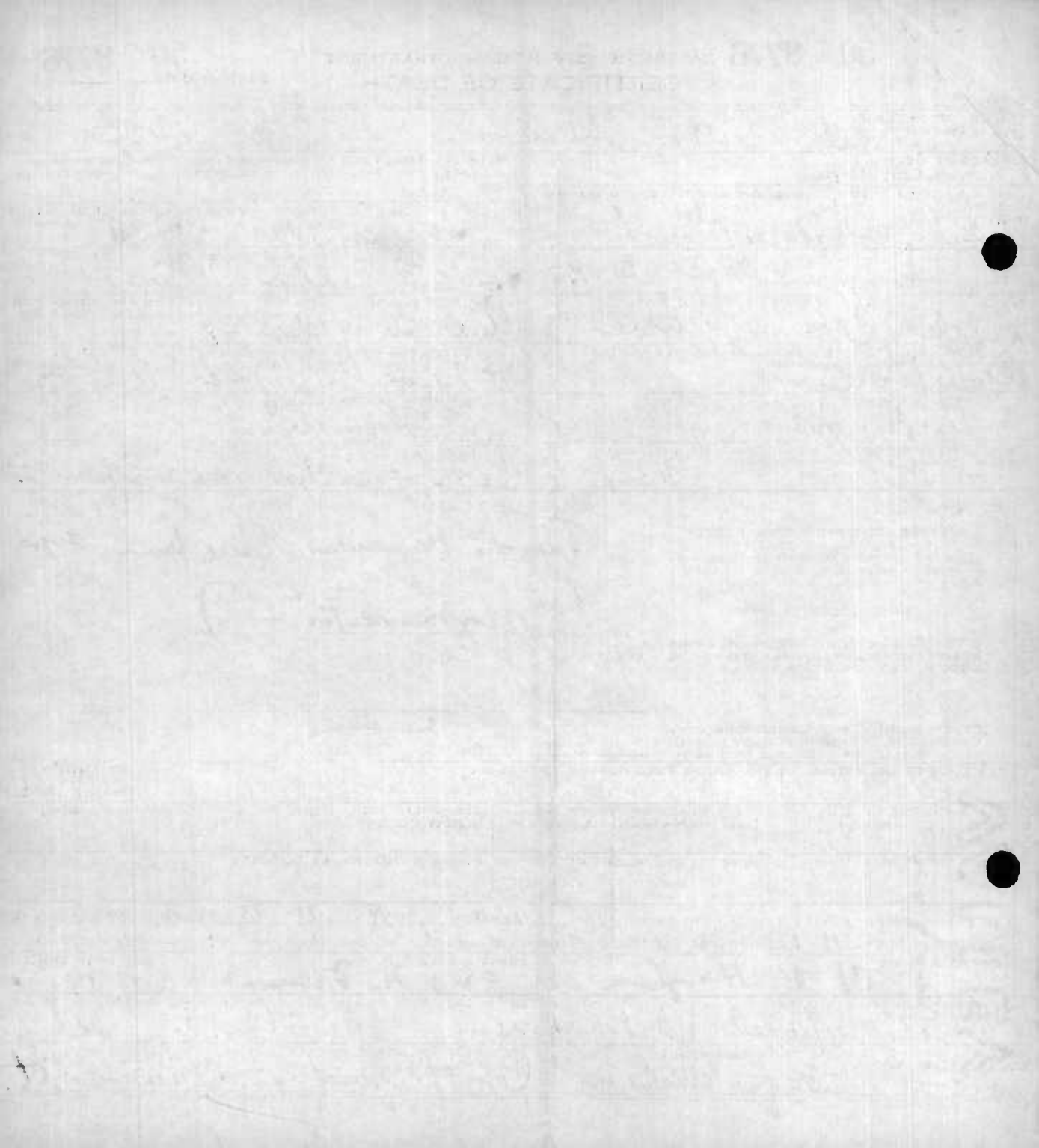
50 9776
 Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Albreta (Albitha) Dyson</i>		2. DATE OF DEATH <i>11/13/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>X</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>206 McElderey Court</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5-01</i>			
6. LENGTH OF STAY IN BALTIMORE <i>Approx 60 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1206 McElderey Court</i>			
7. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Unknown</i>	9. AGE (In years last birthday) <i>Approx 67</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work, including most of working life, even if retired) <i>At-home</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Marys County Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Cecilia Hamilton</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cardio-Vascular Renal Disease</i> DUE TO (B) <i>(Myocarditis)</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>?</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 1949</i> to <i>11-13, 1950</i> , that I last saw the deceased alive on <i>11-13, 1950</i> , and that death occurred at <i>11:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. P. Hughes</i>		23B. ADDRESS <i>825 N. Fremont Ave</i>		23C. DATE SIGNED <i>11-14-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/16/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>B.A. County Md.</i>		25. FUNERAL DIRECTOR <i>Robert L. Young</i>		25. ADDRESS <i>1532 E. Monument St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>		25. ADDRESS	

MEDICAL CERTIFICATION

NOV 15 1950
 VS 150

131a



W-323

9777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9777

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eleanor Wauterseth

2. DATE
OF
DEATH

Nov. 13, 1950

3. PLACE OF DEATH:

A. BALTIMORE CITY, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

15-47

D. STREET ADDRESS (If rural, give location)

3116 WINDSOR AVE

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

16 May 1878

9. AGE (In years last birthday)

72

10. UNDER 1 Year Months Days

11. UNDER 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

I

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Vincent

14. MOTHER'S MAIDEN NAME

Agnes Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. VINCENT VICTOR. 3116 WINDSOR AVE

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocarditis

5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis

10 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 1 - , 1950, to Nov 13 - , 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall M.D.

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Nov 14-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11-16-50

New Catholic Cem

Frederick Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

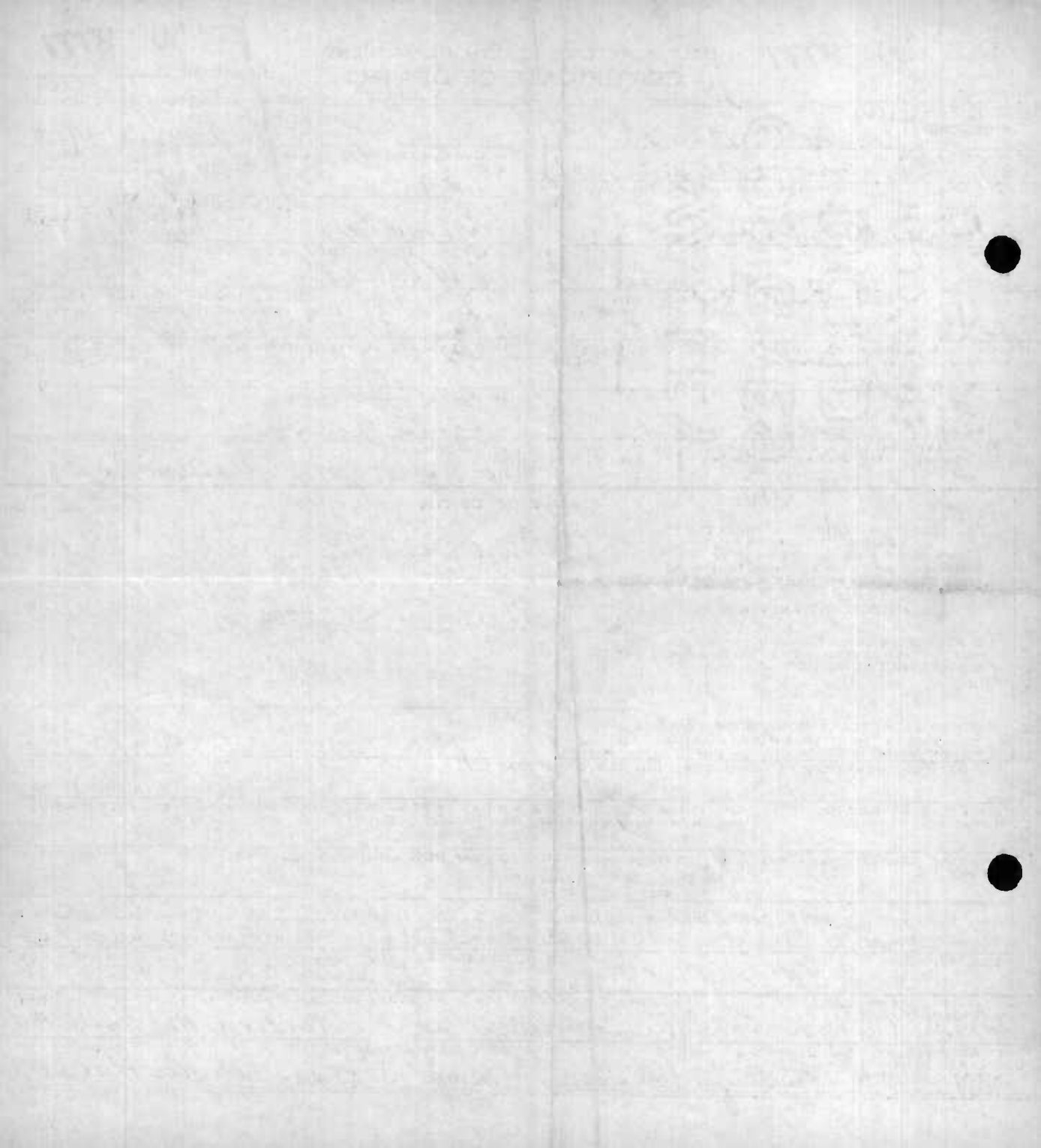
25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

Huntington Williams, Jr.

THOMAS J. KENNY INC. 1600 HOLLINS ST



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 9778

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>JOHN YEAGER</u>		2. DATE OF DEATH <u>Nov 12, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PROVIDENT HOSP.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Md.</u>	
C. Length of stay in Baltimore <u>54</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2497 Druid Hill Ave</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 25, 1880</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		9. AGE (In years last birthday) <u>69</u>	11. BIRTHPLACE (State or foreign country) <u>Calpeper Va</u>
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>William Yeager</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME <u>Clydeh Redman</u>
17. INFORMANT		ADDRESS	

18. <u>F812.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Fracture of skull</u> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION <u>Nov 11, 1950</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Druid Hill Avenue & Retreat Street</u>			
21D. TIME (Month) (Day) (Year) (Hour) <u>November 11, 1950 12:15 P.M.</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Pedestrian struck by auto</u>			
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Stanley H. Ourlach</u> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>Nov. 12, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/15/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Providence Mem. Pk.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 15 1950</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Holland Funeral Home</u>	

N-803.7 930 10 16 31 Druid Hill Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NOTED NO DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9779
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE BOOKER		2. DATE OF DEATH Nov. 12, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 309 N. Pine St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 10, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Same GARDNER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months: Days: Hours: Min. 60
13. FATHER'S NAME Louis Booker		11. BIRTHPLACE (State or foreign country) Prince Gd. Co Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Wm. H. Booker McCall	
14. MOTHER'S MAIDEN NAME Harriett Freshman		17. INFORMANT ADDRESS 1610 St	

18. **ET 12.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral contusion and hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Multiple pulmonary abscesses**

DUE TO

(C) **Aspiration pneumonia**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Myrtle St. & Mulberry 17/3	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 4, 1950 6:50 A m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Overlander M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 13, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 15/50		24C. NAME OF CEMETERY OR CREMATORY Asbury Mem. Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. NAME OF CEMETERY OR CREMATORY Asbury Mem. Pk.		24F. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Walton Funeral Home	

V S 151 **N 853.2 93010 170 C 1631 Druid Hill Ave.**

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

03 APR 01

DEATH OF MARY

M-4 25
50 9780BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9780

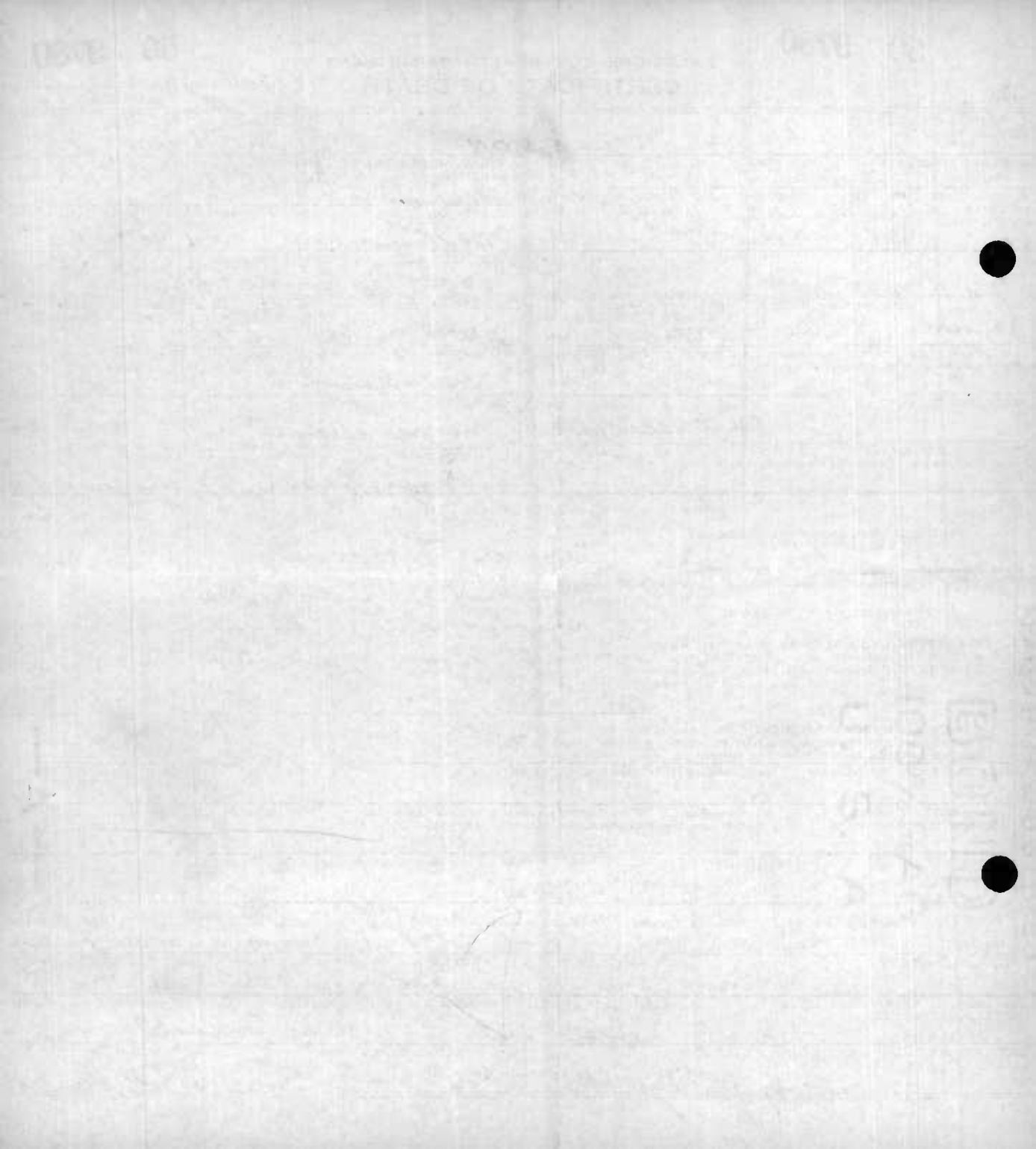
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		NORA MILLESON		14 Nov 50	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Good Samaritan Hospital 27 N. Carey St.				B. COUNTY 9-02	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1637 Argonne Drive	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 26, 1883	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Cadwallader		14. MOTHER'S MAIDEN NAME Mary Leese		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Virginia Eckles, 1637 Argonne Drive	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral thrombosis DUE TO marked arteriosclerotic (B) cardio-vascular disease DUE TO mitral chronic myocarditis. (C) Senility		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 June 1949 to 14 Nov 1950, that I last saw the deceased alive on 13 Nov 1950, and that death occurred at 12:03 A.M., from the causes and on the date stated above.					
22A. SIGNATURE Emil H. Henning, M.D.		22B. ADDRESS 601 Winans Way		22C. DATE SIGNED 15 Nov 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/50		24C. NAME OF CEMETERY OR CREMATORY Rose Hill	
24D. LOCATION (City, town, or county) (State) Cumberland Md.		25. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

NOV 15 1950

093d



A-216
50 9781

CERTIFICATE CORRECTED 11-21-50

50 9781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bun A. Ashbourne ASHBOURNE

2. DATE
OF
DEATH

November 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Pinecrest Sanatorium

Yrs.

C. Length of stay in Baltimore

20

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR INDUSTRY

Free Lance

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

24-09

D. STREET ADDRESS (If rural, give location)

1508 Henry St.

Balt #30

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR INDUSTRY

Free Lance

8. DATE OF BIRTH

Dec. 31, 1865

9. AGE (In years last birthday)

84 85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Northumberland Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Wm. Ashbourne

14. MOTHER'S MAIDEN NAME

Mary Booth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.
212-16-8039

17. INFORMANT

ADDRESS

Pinckard Ashbourne

Baltimore, Md.

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Cardiac Failure

(C) DUE TO

Senility

INTERVAL BETWEEN ONSET AND DEATH

6 days

19A. DATE OF OPERATION

No

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Homicide No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1950 to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

11-15-50

24C. NAME OF CEMETERY OR CREMATORY

William Cook Jr.

24D. COUNTY (If not in Baltimore City, give county)

127 St. Paul St.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

0V 150

097.0

Rosland Co.
Northumberland Co., Va

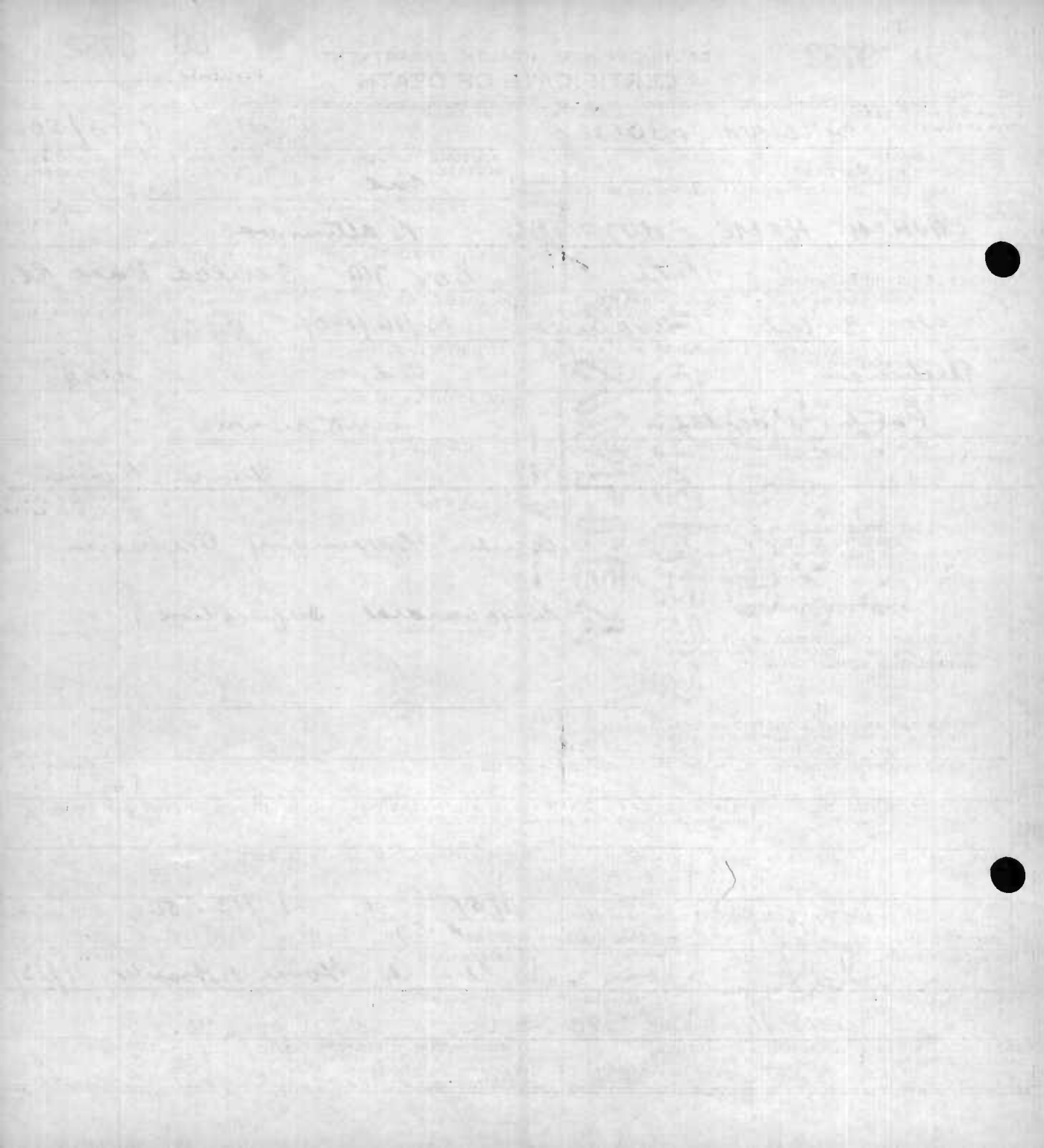
P-425
50 9782BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 9782
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM M. POULSEN <i>WILLIAM POULSEN</i>		2. DATE OF DEATH <i>11/13/50.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>CHURCH HOME & HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
6. Length of stay in Baltimore <i>life.</i>		D. STREET ADDRESS (If rural, give location) <i>Box 710 Seneca Park Rd.</i>			
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>12/16/1901</i>	11. AGE (In years last birthday) <i>48</i>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Steel Mill</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>Paul Poulsen</i>		14. MOTHER'S MAIDEN NAME <i>unk known</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-07-9327</i>		17. INFORMANT ADDRESS <i>Church Home</i>	

18. <i>420.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>acute coronary Occlusion</i>	
ANTECEDENT CAUSES		(B) <i>myocardial infarction</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/5/50</i> to <i>11/13/50</i> , that I last saw the deceased alive on <i>11/12/50</i> and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Kenneth Sealor</i>		23B. ADDRESS <i>Church Home & Hospital</i>		23C. DATE SIGNED <i>11/13/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>11/15/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>UV 151550</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	ADDRESS <i>BALTO. 13, MD.</i>
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G-6250 9783

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 X 50 9783
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Herbert Soroush

2. DATE
OF
DEATH

14 Nov. 1950

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Anderson Nursing Home, Myohank Ave

C. Length of stay in Baltimore 2 yrs 8 months
Yrs. Mos. Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Retired

13. FATHER'S NAME

Wm. S. Soroush

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

9 Northships Rd.

5200

8. DATE OF BIRTH

Aug 17, 1867

9. AGE (In years last birthday)

83

11. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Balt. Co., Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Martha A. Sutton

17. INFORMANT

ADDRESS

Mrs. Robt. D. Haase - 9 Northships Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

10 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Kroll

M. D.

23B. ADDRESS

1801 E. Towson Rd

23C. DATE SIGNED

Nov 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

16 Nov. 1950

24C. NAME OF CEMETERY OR CREMATORY

Cathlamet

24D. LOCATION (City, town, or county)

Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Roxington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Walter Brooke Bradley, Dundalk

NOV 15 1950

094a

1878

1878

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1878



P-42050 9784		BALTIMORE CITY HEALTH DEPARTMENT		50 9784	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		JOHN W. PAWLAK		2. DATE OF DEATH NOV. 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Dr. Hosp. BALTO		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Hosp. 2724 N. CHARLES		LIFE		C. CITY OR TOWN BOKTIT GLEN BERNIE	
C. Length of stay in Baltimore		LIFE		D. STREET ADDRESS (If rural, give location) BOX 75 RT 1 GLENBERNIE	
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTILLER		10B. KIND OF BUSINESS OR INDUSTRY PAUL JONES		8. DATE OF BIRTH JULY 11/1914	
13. FATHER'S NAME W. PAWLAK		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		9. AGE (In years last birthday) 36	
17. INFORMANT FRANK PAWLAK		18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive Cardio Vascular Disease Hepatitis Nephritis Cerebral Ischemic Anemia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/2/50, to 11/13/50, that I last saw the deceased alive on 11/13/50, and that death occurred at 10:48 m., from the causes and on the date stated above.		23A. SIGNATURE Melvin J. Janowski		23B. ADDRESS 2711 Eastern Ave.	
23C. DATE SIGNED 11/13/50		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV. 16/50	
24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM		24D. LOCATION (City, town, or county) DUNDALK AVE		25. FUNERAL DIRECTOR STEPHEN J. FIALKOWSKI	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950		REGISTRAR'S SIGNATURE E. J. Williams		ADDRESS 1000 S. Kenwood AVE	

1852 10

1852 10

JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

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JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

DAVID A. WHITE

JOHN A. WHITE

DAVID A. WHITE

4-520

50 9785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9785

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dolly E. Long

2. DATE
OF
DEATH

11-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

St Agnes Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

5208 St. Charles Ave #15

C. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during last working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Silas H. Shaw

14. MOTHER'S MAIDEN NAME

Emma Marmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward J. Long 5208 St. Charles Ave

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-Vascular Accident

11-5-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO Dietetic Coma - resulting

6

(B) in Bilectent Pulmonary

11-13-50

(C) edema & effusion

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-5, 190, to 11-14, 1950, that I last saw the
deceased alive on 11-14, 1950 and that death occurred at 8:25 PM, from the causes and on the date stated above.

23A. SIGNATURE

Edmondson

M. D.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

11-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

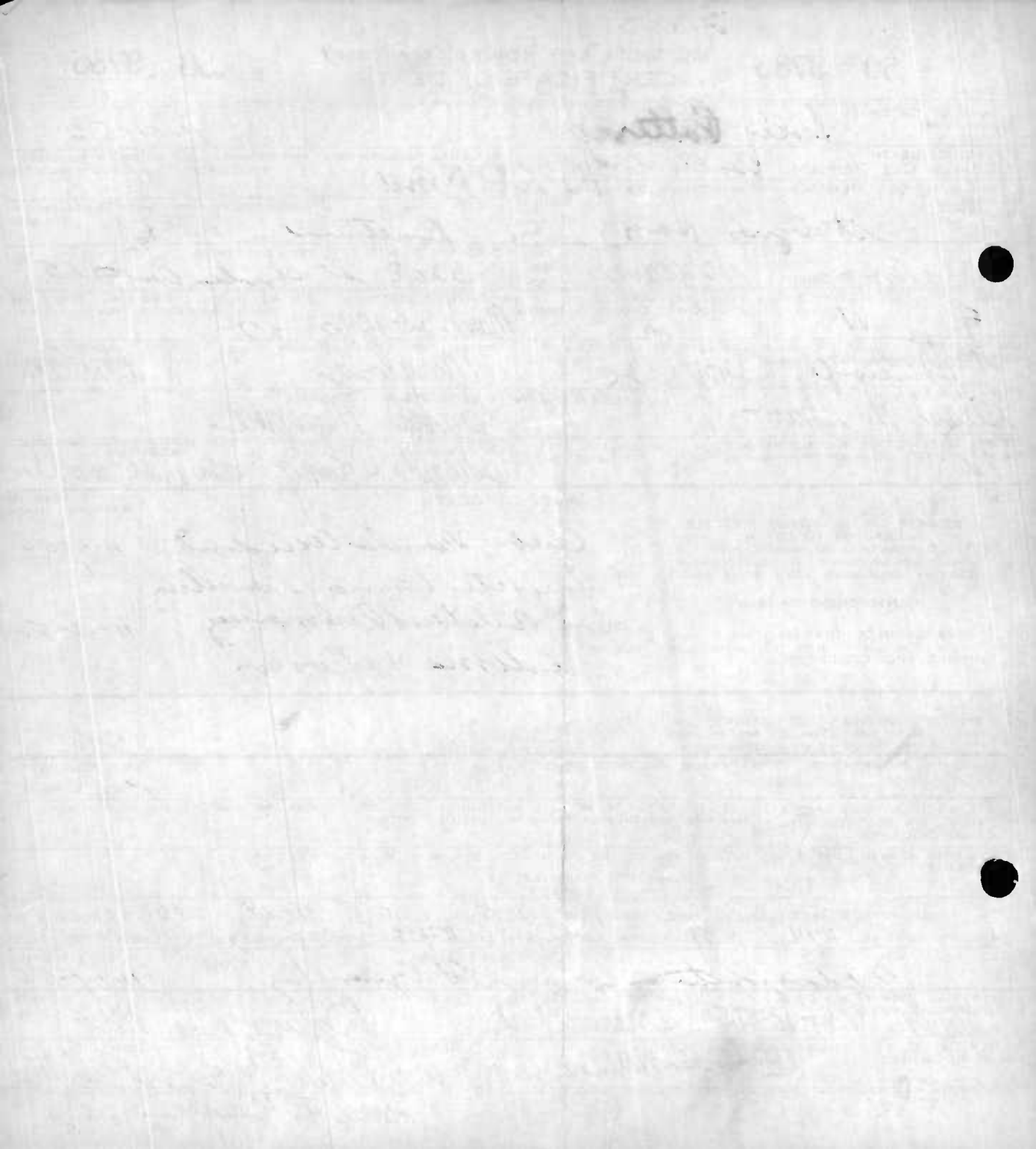
ADDRESS

NOV 15 1950

VS 150

784 6C

Burque Funeral Home 3231 Falls Road
Horace F. Burque 061.0



G-650 9786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9786

1. NAME OF DECEASED (Type or Print) Mrs. Ella Calder Grimm			2. DATE OF DEATH 11/14/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3431 Keswick Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06		
C. Length of stay in Baltimore 48 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3431 Keswick Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 27, 1882		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Leonard Harris			14. MOTHER'S MAIDEN NAME Mary Frances Standiford		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS Robert H. Smith 3437 Keswick Road		

18. 155X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinomatosis, Generalized DUE TO Primary Ca reinoma--Liver (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 3 months (over)
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept. 1950 to Nov. 13, 1950 , that I last saw the deceased alive on Nov. 13, 1950 and that death occurred at 7:45 a. m. , from the causes and on the date stated above.		
23A. SIGNATURE Francis L. Greenbribe	23B. ADDRESS 114 Medical Arts Bldg.	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 16, 1950	24C. NAME OF CEMETERY OR CREMATORY Parkwood
24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road

Norace F. Burgee

If possible, please state a
more definite anatomical location
of the malignant tumor?

See Document File 50-9786

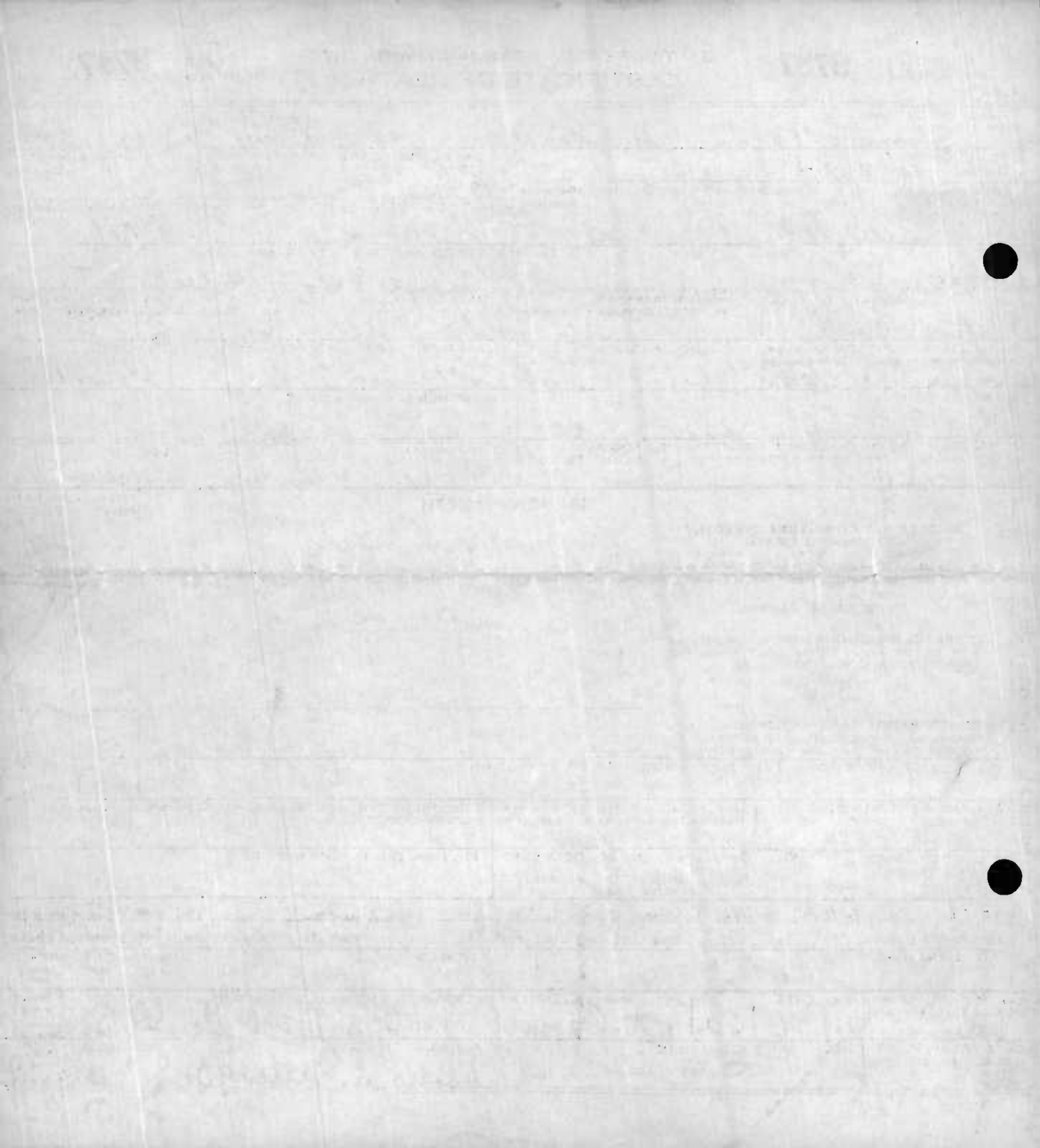
12/6/50

ES

M-264
50 9787BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9787
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>James Thomas Mc Grail</i>		2. DATE OF DEATH <i>Nov 13, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley Street</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-11</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1226 S. CLINTON ST.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 15, 1881</i>
9. AGE (In years last birthday) <i>69</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>American Can Co. Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>John Wm Mc Grail</i>		14. MOTHER'S MAIDEN NAME <i>Laura V. Meeko</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS <i>1200 Valley St.</i>	
18. I <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Carcinomatosis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Carcinoma of Liver</i> DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i> <i>140</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 30</i> , 1950, to <i>Nov</i> , 1950, that I last saw the deceased alive on <i>Nov 11</i> , 1950, and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Cecil Hall</i>		23B. ADDRESS <i>1631 E. North Ave</i>	
M. D.		23C. DATE SIGNED <i>Nov 13 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/16/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Int. Carmel Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>5712 O'Donnell St. Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Charles S. Geiler</i>		ADDRESS <i>901 S. Conkling St.</i>	



G-625
50 9788BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9788
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ANNE GURKIN			2. DATE OF DEATH November 13, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 233 Albemarle Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 233 Albemarle Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH 7-7-1916	9. AGE (In years last birthday) 34	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10B. KIND OF BUSINESS OR INDUSTRY ?		
11. BIRTHPLACE (State or foreign country) North Carolina			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME John Gurkin			14. MOTHER'S MAIDEN NAME Katie Hassel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. ?		
17. INFORMANT John Gurkin Durham N.C.			ADDRESS		

18. **581.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Acute alcoholism**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cirrhosis of the liver**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Dumlachev M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 13, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-17-1950	24C. NAME OF CEMETERY OR CREMATORY Wanamaker Co	24D. LOCATION (City, town, or county) (State) Durham N.C.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR J.C. Higginbotham		ADDRESS Ellicott City, Md	

124a

858

STATE OF TEXAS

858



H-455

50 9789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9789
Registered No.

BIRTH NO. 50-24551

1. NAME OF DECEASED
(Type or Print)

Myra Virginia Holman

2. DATE
OF
DEATH

11/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Providence Hospital

C. Length of stay in Baltimore

8 hrs 8 days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/14/50

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lynwood

Holman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

mother

ADDRESS

552 Pentman St.

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congenital atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

8 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1950, to 11/14, 1950, that I last saw the deceased alive on 11/14, 1950, and that death occurred on 11/14, 1950, from the causes and on the date stated above.

23A. SIGNATURE

Coan Bikes

M. O.

23B. ADDRESS

Providence Hosp.

23C. DATE SIGNED

11/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-16-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Baltimore

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances O. Hensley Co. Baltimore

ADDRESS

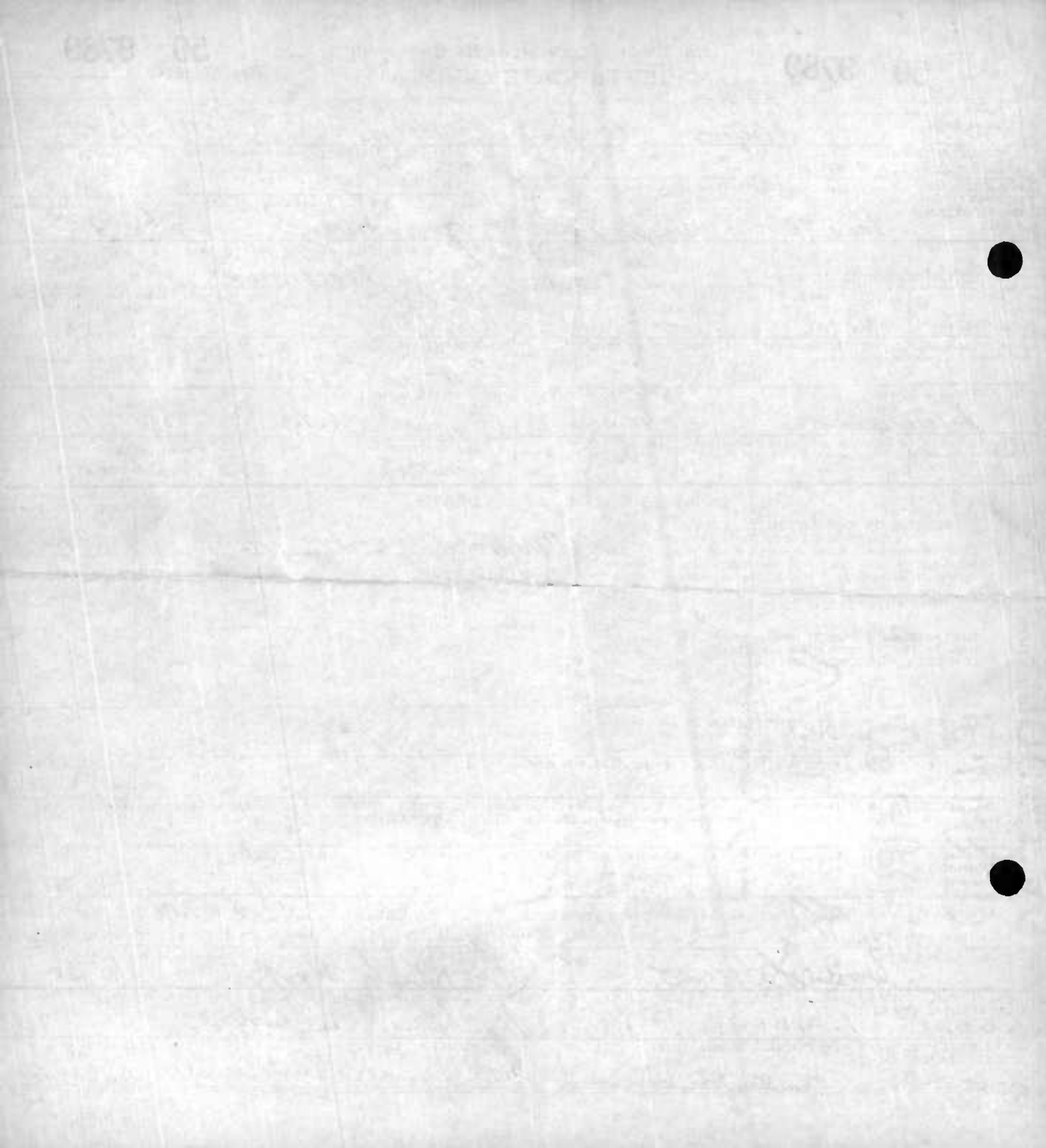
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NOV 15 1950

VS 150

161a

MEDICAL CERTIFICATION



A-415
50 9790BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9790

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna E. Alban

2. DATE
OF
DEATH

11-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

117 Rochester Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

117 Rochester Place

c. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

?

9. AGE (In years

last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles E. Alban 117 Rochester Place

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis
Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 months
Antecedents

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-16-50

24C. NAME OF CEMETERY OR CREMATORY

Middletown M. E.

24D. LOCATION (City, town, or county)

Parkton, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

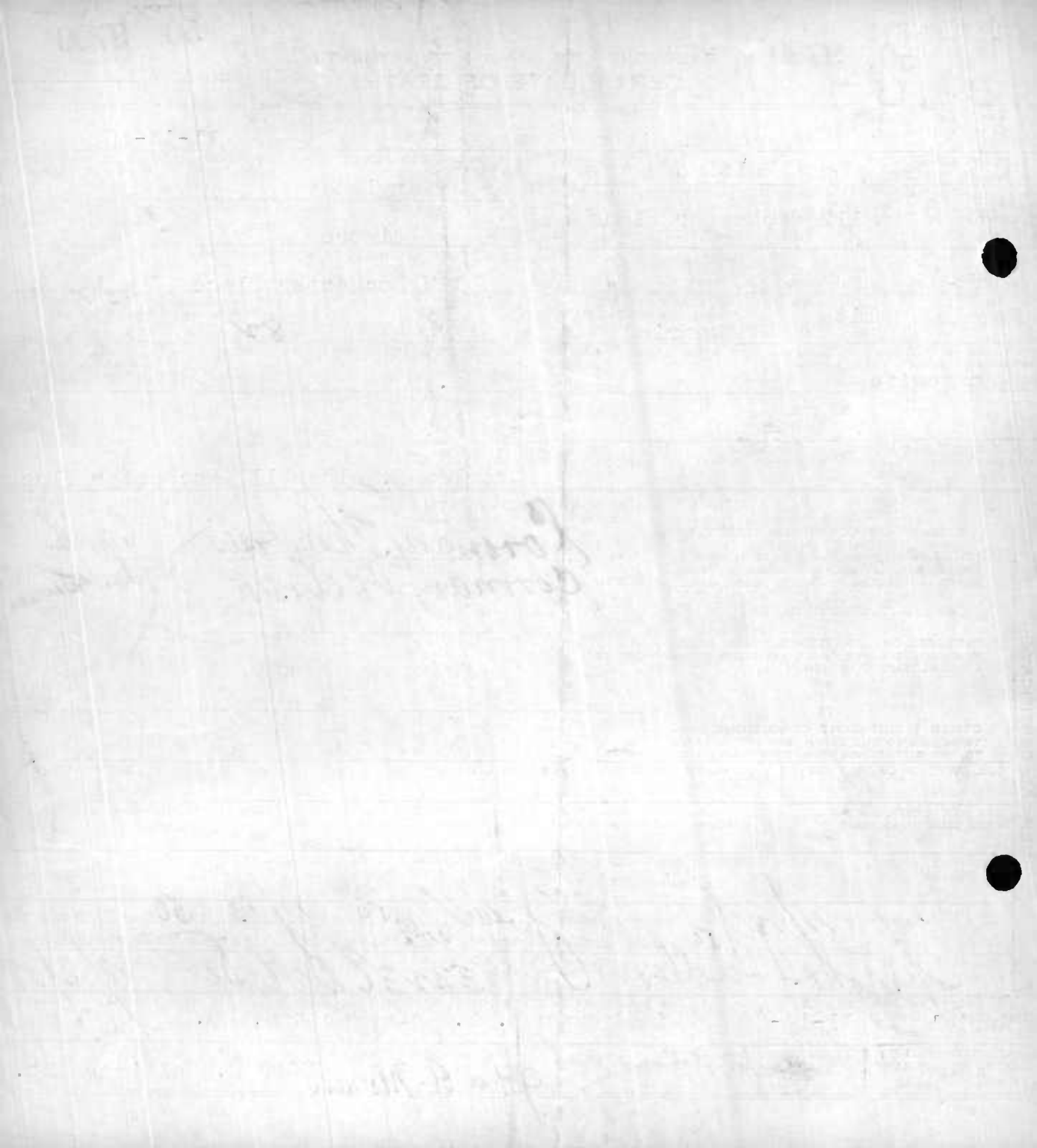
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.



610

50 9791

BALTIMORE CITY HEALTH DEPARTMENT

50 9791

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA J. Grebe.

2. DATE
OF
DEATH

11-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40 Sh Agnes Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

CITY OR TOWN

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

202 Bloomsbury Ave

8. DATE OF BIRTH

10-22-1882

9. AGE (In years last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Jansen died

14. MOTHER'S MAIDEN NAME

Ottilie Feuster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Harry T. Grebe - 202 Bloomsbury Ave.

18. I hereby certify that I attended the deceased from 11/12, 1950, to 11/13, 1950, that I last saw the deceased alive on 11/13, 1950, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) ARTERIO SCLEROTIC CARDIO
DUE TO VASCULAR DISEASE & AORTIC

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) BILATERAL PULMONARY EDEMA
DUE TO & EFFUSION

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1950, to 11/13, 1950, that I last saw the deceased alive on 11/13, 1950, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-16-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therestington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley Funeral Home, 1701 E. St.

VS 150

NOV 15 1950

092B

MEDICAL CERTIFICATION

1958

10

1958

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1958

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9792
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rudolph Schmidt

2. DATE
OF
DEATH

Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1610 N. Chapel St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

00

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Md. B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, give name of township)
Baltimore 8-06

D. STREET ADDRESS (If rural, give location)

1610 N. Chapel St.

c. Length of stay in Baltimore

59 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 8, 1880

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

Shipping Clerk

10b. KIND OF BUSINESS OR
INDUSTRY

N. Hess & Sons (Shoe Mfg.)

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Schmidt

14. MOTHER'S MAIDEN NAME

Katharine Geiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edna Schmidt - 1610 N. Chapel St.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis

?

II

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1943 to Nov. 14, 1950 that I last saw the
deceased alive on Nov. 14, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

Wilmington Williams, M.D.

E. J. Fanning & Son - 19386 Lafayette Ave.

CERTIFICATE OF DEATH

Subj: 1470

At 10:00 AM
at 10:00 AM

10:00 AM
10:00 AM

10:00 AM
10:00 AM

10:00 AM
10:00 AM

10:00 AM
10:00 AM

10:00 AM
10:00 AM

10:00 AM
10:00 AM

520 50 9793		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 9793 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		MARY A. THOMAS		2. DATE OF DEATH Nov. 13, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. FULL NAME OF (If not in hospital or institution, give street address or location)		a. STATE Md.		b. COUNTY	
c. HOSPITAL OR INSTITUTION 2206 Riggs Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		16-05	
d. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2206 Riggs Ave.			
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 24, 1893		9. AGE (In years last birthday) 57		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Gannon		14. MOTHER'S MAIDEN NAME ? Murphy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT Mr. John W. Thomas, Jr. 2910 E. Federal S	
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of Rectum INTERVAL BETWEEN ONSET AND DEATH		(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION May 16 1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., at or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1949 to Nov 13, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 5 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Albert Scagnetti		23b. ADDRESS 1729 W Lombard St		23c. DATE SIGNED Nov 14 '50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/16/50		24c. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24d. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Chas. J. Schenck & Sons - Balto		ADDRESS 046d Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR Chas. J. Schenck & Sons - Balto	
NOV 15 1950					

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9794

BALTIMORE CITY HEALTH DEPARTMENT

50 9794

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Henry Jacobs

2. DATE
OF
DEATH

11/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2944 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, state RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2944 Edmondson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 6, 1877

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Driller (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Machinery (M)

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Jacobs

14. MOTHER'S MAIDEN NAME

Elizabeth Ruhl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna J. Jacobs - 2944 Edmondson Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Art. Dis.

(C)

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

1st attack

3 yrs ago

2nd attack

15 hrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to November, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2950 Edmondson Ave

11/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/18/50

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thurston Williams, M.D.

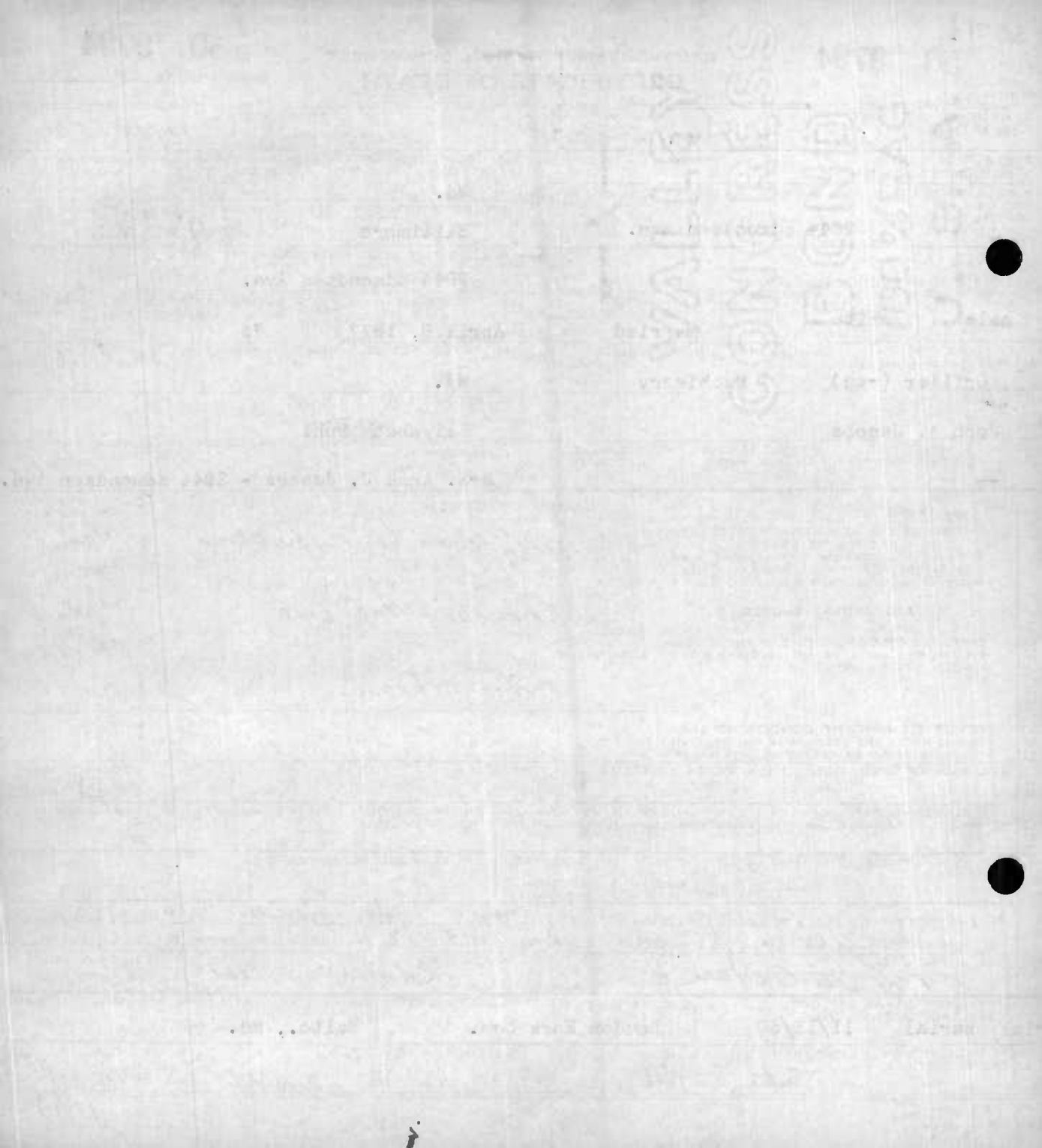
Wm. J. Eichner & Sons - Balto.

NOV 15 1950

6903L

0942

Md.



340

50 9795

BALTIMORE CITY HEALTH DEPARTMENT

Registered No 50 9795

BIRTH NO. 50-23983

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Baby "Mary Battle"		2. DATE OF DEATH October 31, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1513 Edmondson Avenue	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 31, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 1
13. FATHER'S NAME Cornelius Battle		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Mary Mc Crow	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hospital Records	

18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Unknown	INTERVAL BETWEEN ONSET AND DEATH since birth
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) Prematurity	

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 31, 1950 to October 31, 1950, that I last saw the deceased alive on October 31, 1950, and that death occurred at 8:30A. m., from the causes and on the date stated above.

23A. SIGNATURE B. Williams	23B. ADDRESS 601 N. Broadway	23C. DATE SIGNED 10-31-50
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Hospital Disposal	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS
---	--	------------------------------

601 N. Broadway

10-37

8:30A

October 31, 20 October 31, 20

20

432 50 9796
(177688)BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9796
Registered No.

BIRTH NO. 50-23985

1. NAME OF DECEASED (Type or Print) Baby Childs "John"		2. DATE OF DEATH November 2, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3803 Hayward Avenue	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH November 2, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 11 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Lloyd G. Childs		14. MOTHER'S MAIDEN NAME Lola Y. Vadala	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Records		ADDRESS	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Demopercardium DUE TO Unknown DUE TO Unknown DUE TO Prematurity	CAUSE OF DEATH Demopercardium Unknown Unknown Prematurity	INTERVAL BETWEEN ONSET AND DEATH Unknown
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November 2, 1950**, to **November 2, 1950**, that I last saw the deceased alive on **November 2, 1950**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 601 N. Broadway	23C. DATE SIGNED 11-7-50
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Hospital Disposal
24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR Huntington Williams, M.D.	

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

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CERTIFICATE OF DEATH

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Chilberdis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 9797

Registered No.

BIRTH NO. 50-22555

1. NAME OF DECEASED
(Type or Print)

CHILBERDIS, Elaine

2. DATE
OF
DEATH

11-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University of Md. Hosp

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

Balt

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4705 York Rd

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-10-50

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

1 4

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR
INDUSTRY

Baby

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Chilberdis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

mother

18. 767.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

peritonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

cold infection?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

11-9-50

peritonitis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3 1950, to 11-14 1950, that I last saw the deceased alive on 11-14 1950, and that death occurred at 4 45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Charles Bagley III

Univ of Md Hosp

11-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

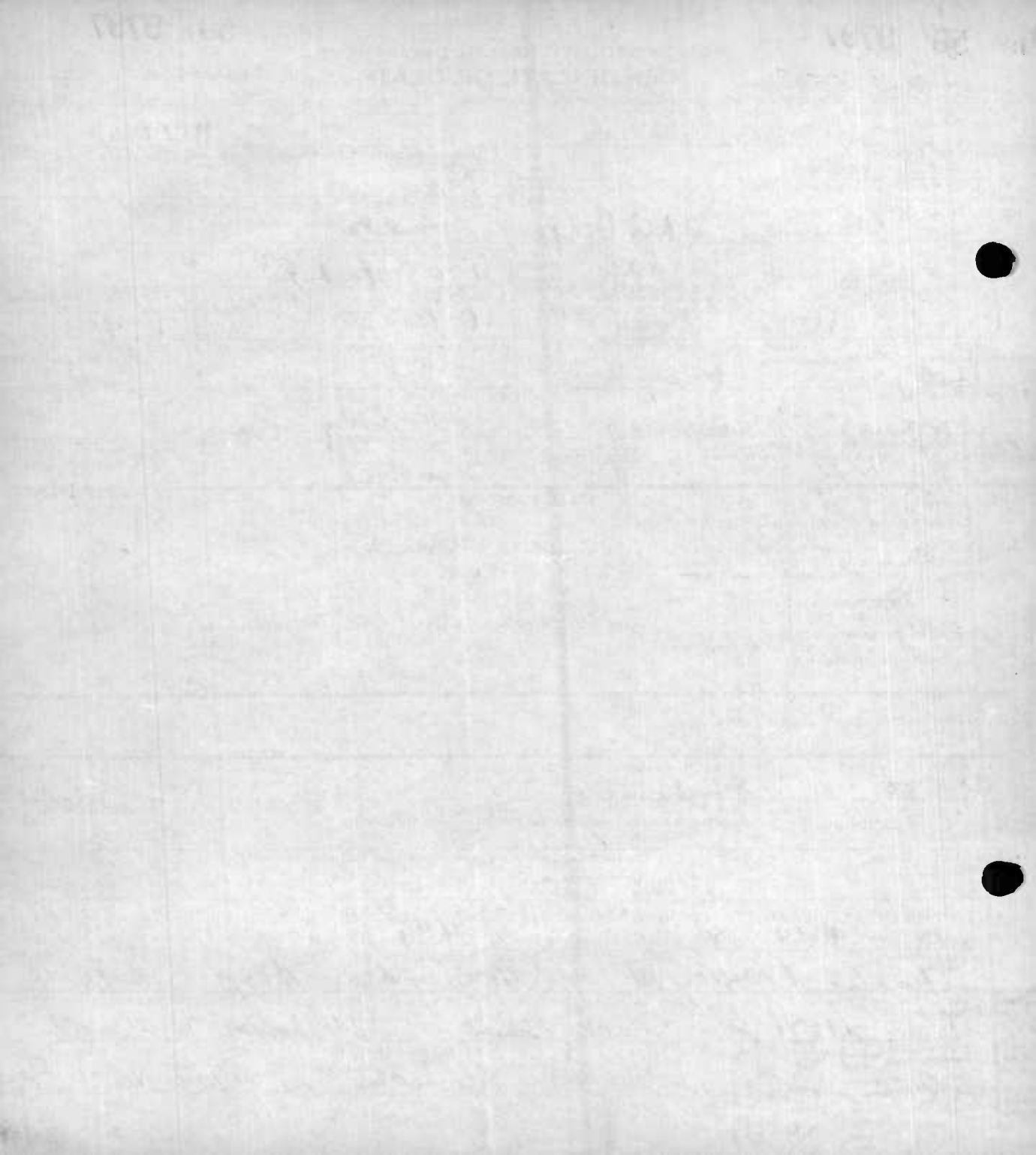
ADDRESS

NOV 15 1950

Eustington Williams M.D.

Lanibros Inc 440 E North Ave

1616



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X Registered No. **50 9798**

62
BIRTH NO. **9798**

1. NAME OF DECEASED (Type or Print) BEN SOBRASKI			2. DATE OF DEATH Nov. 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Florida B. COUNTY V-28		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miami		
5. Length of stay in Baltimore 20 days			D. STREET ADDRESS (If rural, give location) 2500 NW- 18th Terrace		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/29/85		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Martin Sobraski			14. MOTHER'S MAIDEN NAME Catherine ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Postoperative state exploratory laparotomy and gastrotomy DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Adenocarcinoma metastatic from stomach to abdominal lymph nodes, mesentery and omentum (primary resected March 1949) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 days More than 1 1/2 yrs.
---	--

19A. DATE OF OPERATION 11/7/50	19B. MAJOR FINDINGS OF OPERATION Metastatic adenocarcinoma, generalized, abdominal	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 22**, 19 **50**, to **Nov. 11**, 19 **50**, that I last saw the deceased alive on **Nov. 11, 19 50**, and that death occurred at **8:20 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE *John L. Wilson* 23B. ADDRESS **US Marine Hospital, Balto, Md.** 23C. DATE SIGNED **11/13/50**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Nov. 15-50** 24C. NAME OF CEMETERY OR CREMATORY **St Peter** 24D. LOCATION (City, town, or county) (State) **Balto - City -**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 16 1950** REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Earl B. M. Bruton* ADDRESS

24055 / 403-8-25th St - 0461

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

HALL OF RECORDS, HEALTH DEPARTMENT

NO. 12, 1911

NEW YORK

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Photocopy of original
certificate and
corrections

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to the original
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50 9799BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9799
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ethel Lowman</i>		2. DATE OF DEATH <i>11-15-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Luthman Hosp. of Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-07</i>	
C. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>1</i> Days <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>862 W 37th St #11</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-15-09</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>41</i>
13. FATHER'S NAME <i>Walter Dix</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Steffler</i>	
16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>-</i>	

18. <i>581.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Gastrointestinal Hemorrhage</i> DUE TO (B) <i>Cerebral Vascular</i> DUE TO (C) <i>Cirrhosis of liver</i>	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-20-50</i> , 19 <i>50</i> , to <i>11-15-50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11-15-50</i> , 19 <i>50</i> , and that death occurred at <i>8:10 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Donald L. Daly Jr</i>		23B. ADDRESS <i>Luth Hosp. Maryland</i>		23C. DATE SIGNED <i>11-15-50</i>	
24A. BURIAL, CREMATION, RES. VAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 17, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>William H. Brown</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Frank H. Setz 814 436 St</i>			

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UNITED STATES DEPARTMENT OF THE ARMY
CENTRAL FILE OF DATA

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230
50 9800BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9800
Registered No.

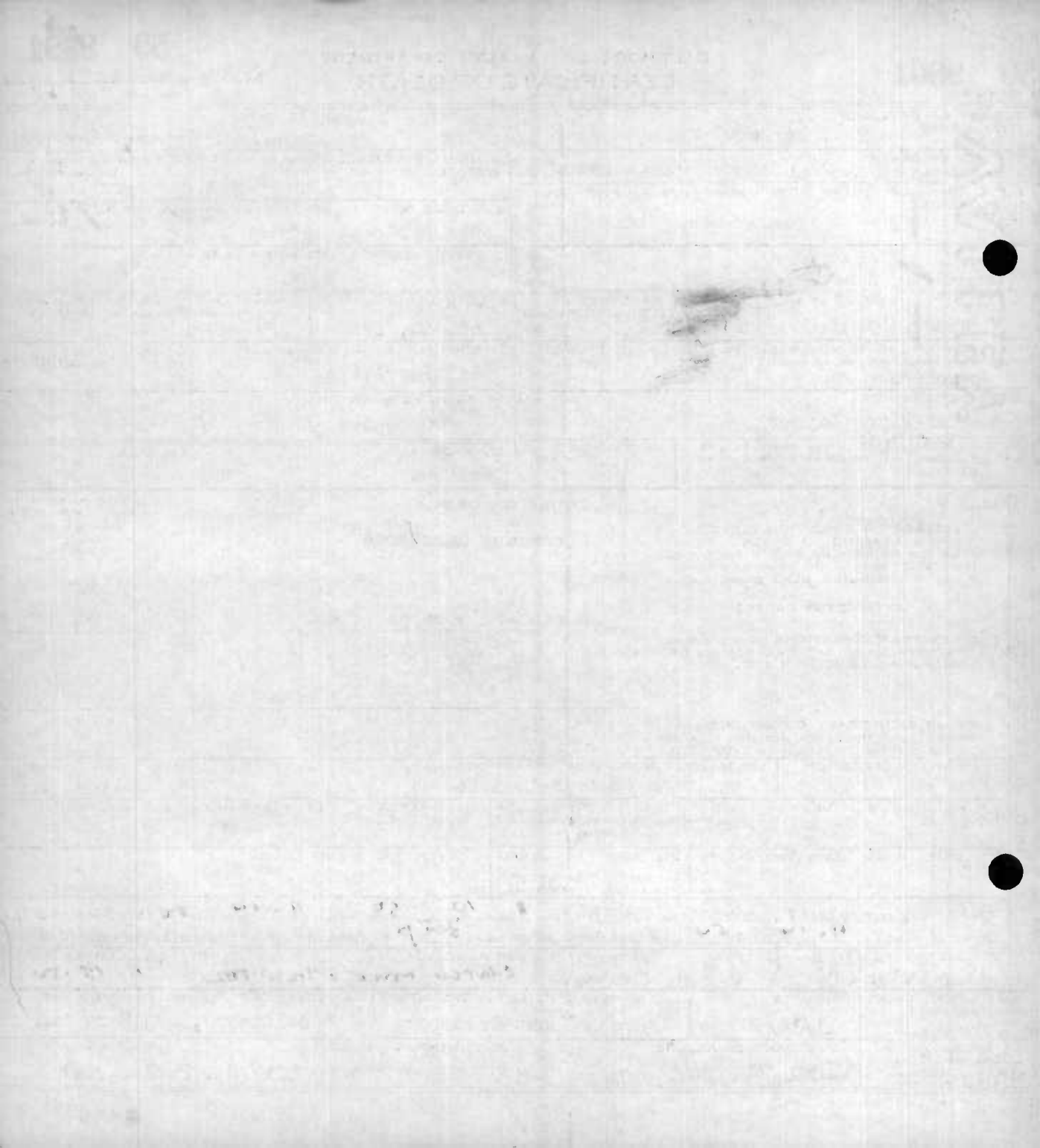
1. NAME OF DECEASED (Type or Print) Walter DUCKETT		2. DATE OF DEATH Nov. 13, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1125 McKean Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 604 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1125 McKean Ave.	
5. SEX M.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1898
9. AGE (In years last birthday) 60 604		10. CITIZEN OF WHAT COUNTRY? Ind.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gardener	
13. FATHER'S NAME Truman Duckett		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Worlds War I	
17. INFORMANT Ethel Rice		ADDRESS 1316 S. ...	
18. 443X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive and arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Francis H. Dineen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 14, 1950			
24A. BURIAL, CREMATION OR REMOVAL (Specify) Burial		24B. DATE 11/17/50	
24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md. 93d	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		25. FUNERAL DIRECTOR Metropolitan Funeral Home Inc.	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 927 N. Mount St.	

1. Name of the plant or animal: *...*
2. Name of the collector: *...*
3. Date of collection: *...*
4. Locality: *...*
5. Description of the specimen: *...*
6. Remarks: *...*

STATION NO.		DATE		TIME		LOCALITY		REMARKS	

200
50 9801BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9801
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Margaret Meigs		2. DATE OF DEATH Nov. 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Church Home & Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Chestertown B. COUNTY Kent Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chestertown, Maryland	
c. Length of stay in Baltimore 4 days Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6400	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY School	9. AGE (In years last birthday) 37
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Rhoades Fayerweather		14. MOTHER'S MAIDEN NAME Josephine Kirby-Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Patient		ADDRESS	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Secondary carcinoma (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ADENOCARCINOMA OF BREAST (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		INTERVAL BETWEEN ONSET AND DEATH About 6 months About 8 months	
19A. DATE OF OPERATION June 28, 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of breast, left	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10:15 to 11:14, 1950, that I last saw the deceased alive on 11-14-1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Donald J. Leaton M. D.		23B. ADDRESS CHURCH HOME HOSPITAL	
23C. DATE SIGNED 11-15-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 11/16/50	
24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. B. Borch, Inc.		ADDRESS 1217 St. Paul Street	



165
9802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9802

Registered No. _____

1. NAME OF DECEASED (Type or Print) Daniel H. Sprara (SPARANO)		2. DATE OF DEATH Nov. 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital (DOR)		C. CITY OR TOWN (If outside corporate limits, write R.U.M.A. and give township) Balto 10-01	
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) 1018 Brentwood Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/25/1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Hotel	9. AGE (In years last birthday) 54
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Vincent Sparano		14. MOTHER'S MAIDEN NAME Angelina Capone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. W.W. #1	17. INFORMANT Harriett Sparano ADDRESS 1018 Brentwood Ave	

18. 4-20-11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cotonyary Disease	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11/14/50	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Wm. H. Rammer, Jr. M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED Nov. 15, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/17/50	24C. NAME OF CEMETERY OR CREMATORY U.S. National
24D. LOCATION (City, town, or county) Balto. Md.		(State) _____

DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Bok Inc. 1217 St. Paul St.	ADDRESS _____
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27

324
9803BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9803

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Robert C. Mitchell</i>		2. DATE OF DEATH <i>11-15-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-09</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp of Maryland</i>		6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		7. STREET ADDRESS (If rural, give location) <i>1351 Kitmore Road</i>	
8. SEX <i>Male</i>	9. COLOR OR RACE <i>White</i>	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	11. DATE OF BIRTH <i>Aug. 10, 1883</i>	12. AGE (In years last birthday) <i>67 yrs</i>	13. If Under 1 Year Months Days 14. If Under 24 Hours Hours Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener</i>		16. KIND OF BUSINESS OR INDUSTRY <i>Cemetery Greenhouse</i>		17. BIRTHPLACE (State or foreign country) <i>Maryland, Baltimore</i>	
18. FATHER'S NAME <i>Luther A. Mitchell</i>		19. MOTHER'S MAIDEN NAME <i>Maria Hennick</i>		20. CITIZEN OF WHAT COUNTRY?	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		22. SOCIAL SECURITY NO. <i>215-10-2597</i>		23. INFORMANT ADDRESS <i>Mr. Charles L. Mitchell, 1351 Kitmore Road</i>	
18. <i>155X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Carcinoma Gall Bladder</i> DUE TO <i>(B) Metastasis to liver, adrenals</i> DUE TO <i>lung bone</i> <i>(C) Cachexia</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>11-14-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Lymph node biopsy left buttock</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-4-50</i> , 19__, to <i>11-15-50</i> , 19__, that I last saw the deceased alive on <i>11-15-50</i> , 19__, and that death occurred at <i>6:04</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold E. Daly Jr.</i>		23B. ADDRESS <i>Lutheran Hosp. of Maryland</i>		23C. DATE SIGNED <i>11-15-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 18, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 16 1950</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
24G. FUNERAL DIRECTOR <i>E. Melles Lamoreaux</i>		24H. ADDRESS <i>4510 Liberty Heights Ave.</i>		24I. VS 150	

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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

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230
50 9805
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9805

1. NAME OF DECEASED
(Type or Print)

Ruth C. Hochscheid

2. DATE
OF
DEATH

Nov. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Surg. Hall 4

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Ohio

B. COUNTY V-32

C. Length of stay in Baltimore

7

Yes.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Adolph Hochscheid

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Renter

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SUBACUTE BACTERIAL ENDOCARDITIS 3.1 hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CONGENITAL CYANOTIC HEART BIRTH

DUE TO

(C) DISEASE

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

EXPLORATORY THORACOTOMY

19A. DATE OF OPERATION

11/15/50

19B. MAJOR FINDINGS OF OPERATION

CONGENITAL HEART DISEASE

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-28-50, 1950 to 11-15-50, 1950 that I last saw the deceased alive on 11-15-50, 1950 and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur R. Nelson M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-18-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Cinn.

(State)

Ohio

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

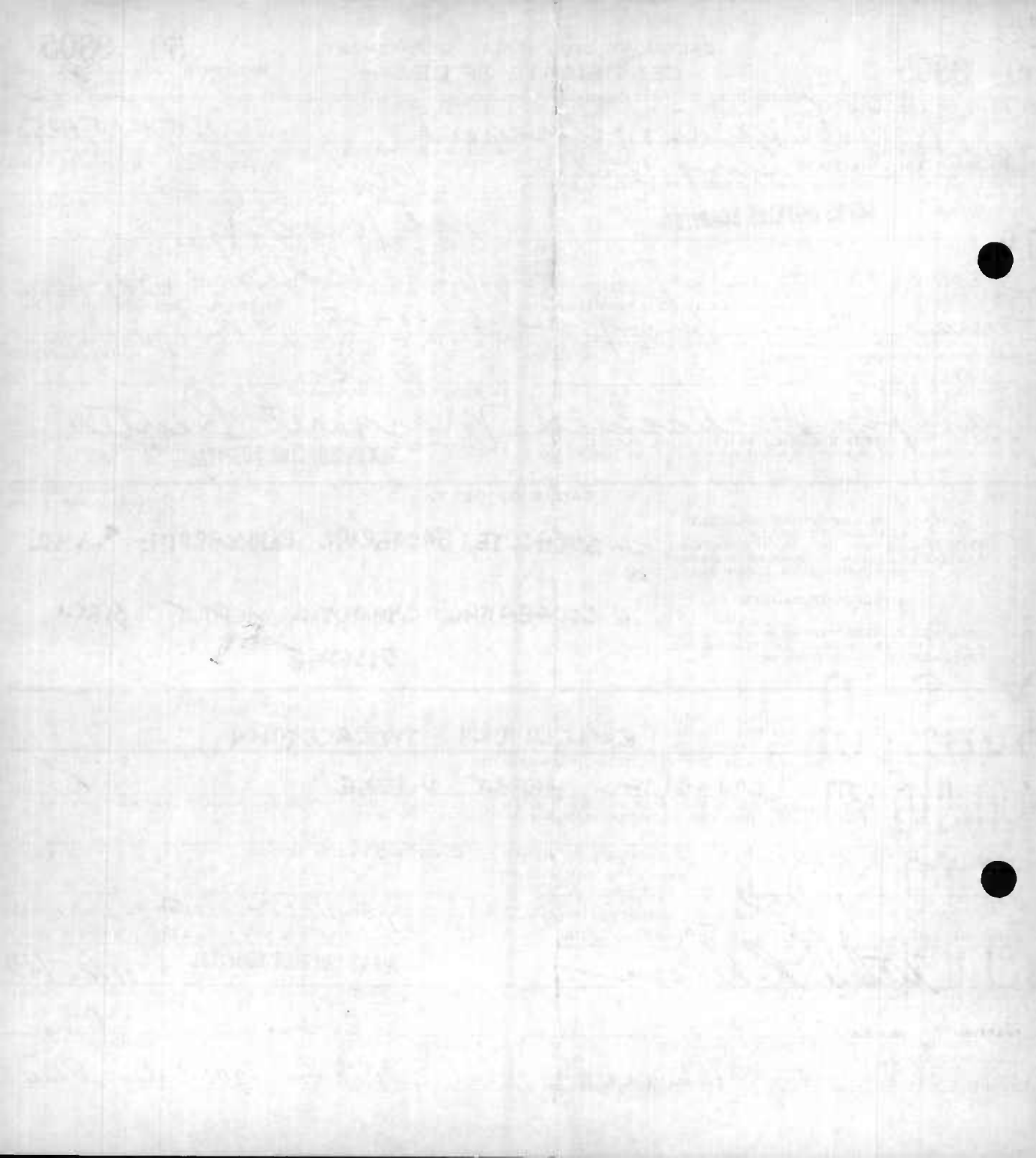
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell, Inc. 1900 Eutaw Place

NOV 16 1950



355
50 9806BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9806
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine S. Bateman

2. DATE
OF
DEATH

Nov. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1615 Park Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baptist Home of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore.

D. STREET ADDRESS (If rural, give location)

1615 Park Ave.

c. Length of stay in Baltimore

3 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

March 2, 1860

9. AGE (In years
last birthday)

90

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Henry Bateman

14. MOTHER'S MAIDEN NAME

Sydney Ann Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records of Baptist Home 1615 Park Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis (advanced)

DUE TO

(C)

Hypotension

INTERVAL BETWEEN
ONSET AND DEATHabout
6 mo

6 mo

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1 1950 to Nov 13, 1950, that I last saw the
deceased alive on Nov 13, 1950 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

Nov 15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/16/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

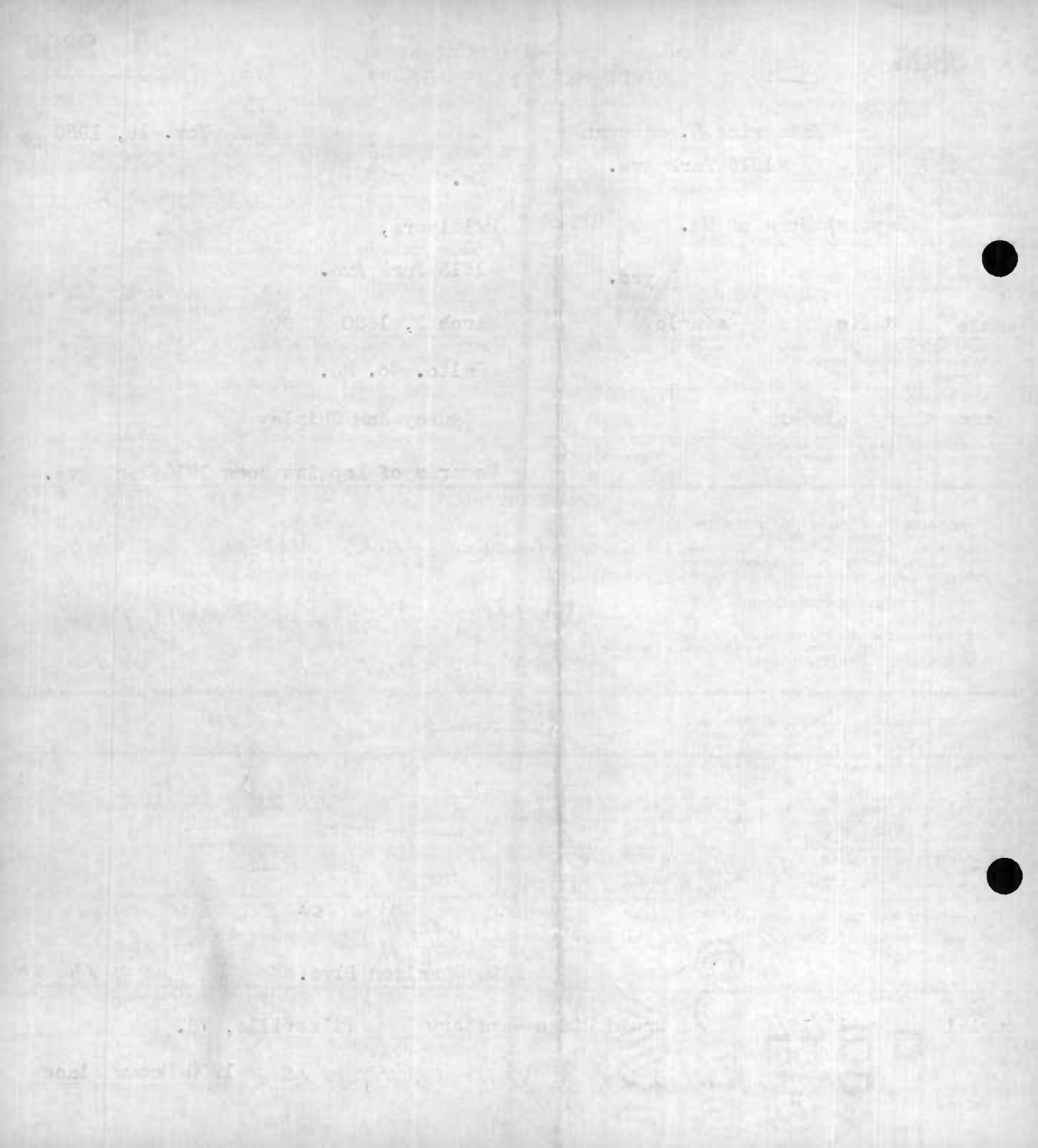
25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1950

Huntington Williams, M.D.

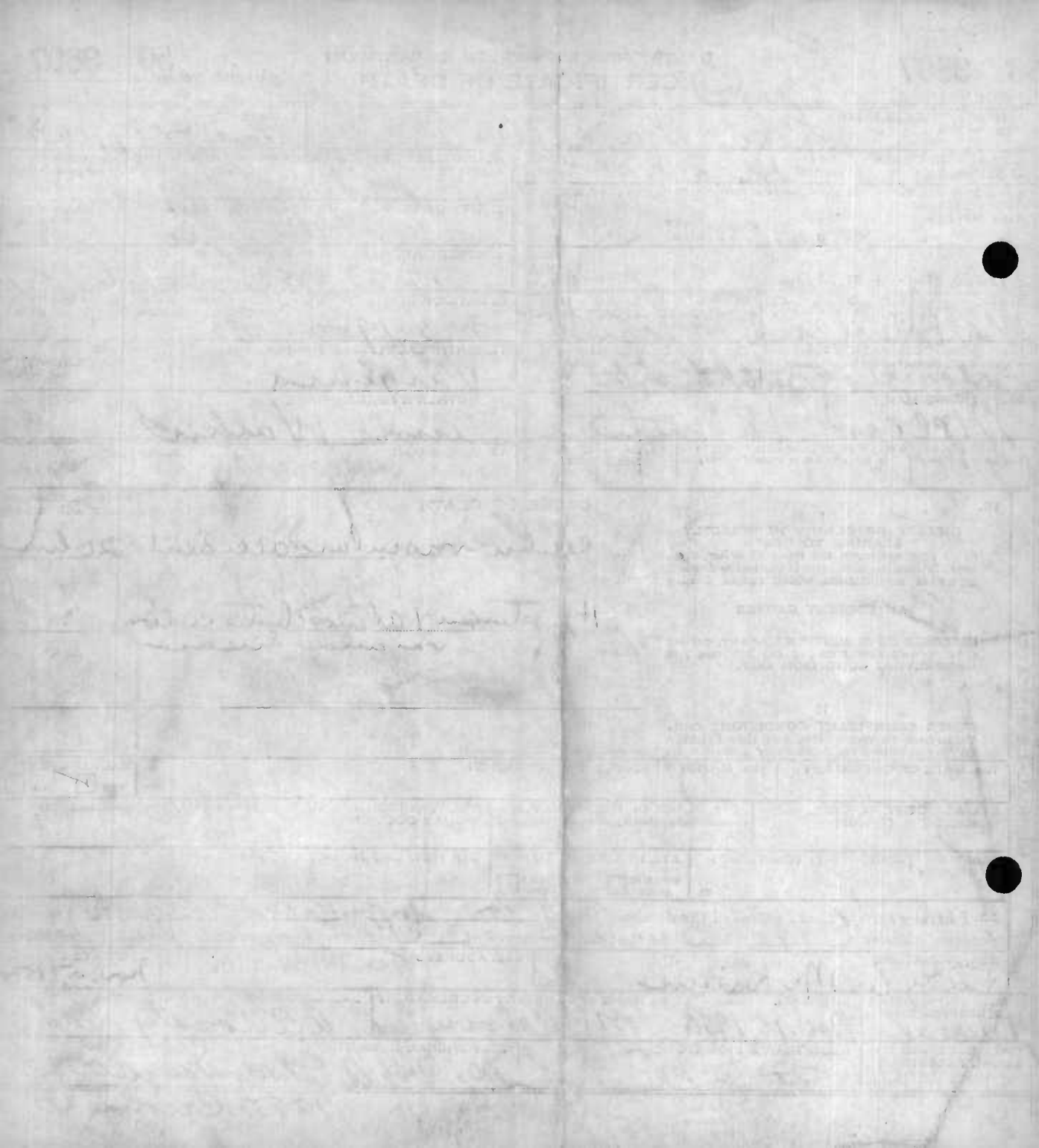
John O. Mitchell Sons, 1900 Eutaw Place



453
50 9807BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9807

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lee Valentine</i>		2. DATE OF DEATH <i>Nov 14, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med chl 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1432 N. Broadway</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-3-1900</i>		9. AGE (In years last birthday) <i>50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Steel Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>William Valentine</i>		14. MOTHER'S MAIDEN NAME <i>Ann Walker</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cerebro-vascular accident</i> (B) <i>Hypertensive & arteriosclerotic cardiovascular disease</i> (C)		INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs</i> <i>3</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-14</i> - , 19 <i>50</i> to <i>11-14</i> - , 19 <i>50</i> that I last saw the deceased alive on <i>11-14</i> - , 19 <i>50</i> and that death occurred at <i>3:34</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Victor A. Mc Kuecher</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Nov. 15, 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 18, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Ad. County Md.</i>		25. FUNERAL DIRECTOR <i>Mr. Cobb A. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 16 1950</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i>		9703U 093d	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9808
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SUSIE COX		2. DATE OF DEATH November 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-00			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1104 Thompson Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 24, 1902	9. AGE (In years last birthday) 48	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) La.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Rooney		14. MOTHER'S MAIDEN NAME Novella Travis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS William Woodruff 1104 Thompson		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Woodruff		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 15, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 18/50	24C. NAME OF CEMETERY OR CREMATORY 10415 N. NAT.		24D. LOCATION (City, town, or county) (State) AG County Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		REGISTRAR'S SIGNATURE William Woodruff		25. FUNERAL DIRECTOR ADDRESS Mrs. P. H. A. Elliott & Daughters	

808

106

WASHINGTON FIELD OFFICE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

808

TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [illegible]
RE: [illegible]

NY 100-100000

NY 100-100000

NY 100-100000

NY 100-100000

NY 100-100000

NY 100-100000

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100
9809BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9809

1. NAME OF DECEASED (Type or Print) EDWARD RAFF		2. DATE OF DEATH November 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2820 Beachland Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 4, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug Clerk		10B. KIND OF BUSINESS OR INDUSTRY H. Gilpin & Co	9. AGE (In years last birthday) 77
13. FATHER'S NAME --		11. BIRTHPLACE (State or foreign country) Harrisburg Pa	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? --	
16. SOCIAL SECURITY NO. 212-03-9378		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Edw. Wm Raff		ADDRESS 7720 Melrose 14	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease with coronary disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William W. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 15, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/18/50	
24C. NAME OF CEMETERY OR CREMATORY Morland Mem PK		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		25. FUNERAL DIRECTOR Philip Herwig Sons, 2024 Williams St	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

MEDICAL CERTIFICATION

50 3809

STATE OF NEW YORK
CERTIFICATE OF DEATH

5809

[Faint, illegible text and markings on a lined form, likely a death certificate. The text is mirrored and difficult to decipher.]

432

WELTZ

50 9810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 9810

1. NAME OF DECEASED
(Type or Print)

Annie W. Lutz

2. DATE
OF
DEATH

11-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

STATE

B. COUNTY

Baltimore Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City 26-10

D. STREET ADDRESS (If rural, give location)

278. East ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 17-80

9. AGE (in years
last birthday)

70

If Under 1 Year

Months: Days

3 2

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

—

13. FATHER'S NAME

Kratz

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mr. John L. Wetz 278. East ave

ADDRESS

18.

CAUSE OF DEATH

Probably fracture spinal cord

INTERVAL BETWEEN
ONSET AND DEATH

2000

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

II

Myeloma cervical vertebra

19A. DATE OF OPERATION

10-25-50

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25-1950 to 11-14-1950, that I last saw the
deceased alive on 11-14-1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Broadbent

M. D.

23B. ADDRESS

U. Hosp

23C. DATE SIGNED

11-14

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 18, 50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

S. Walter May 619 N. Boulder St.

NOV 16 1950

Washington
District of Columbia

1888

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 12th inst. in relation to the matter of the
and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,
J. M. Smith

Very truly yours,
J. M. Smith

320
0 9811
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 9811

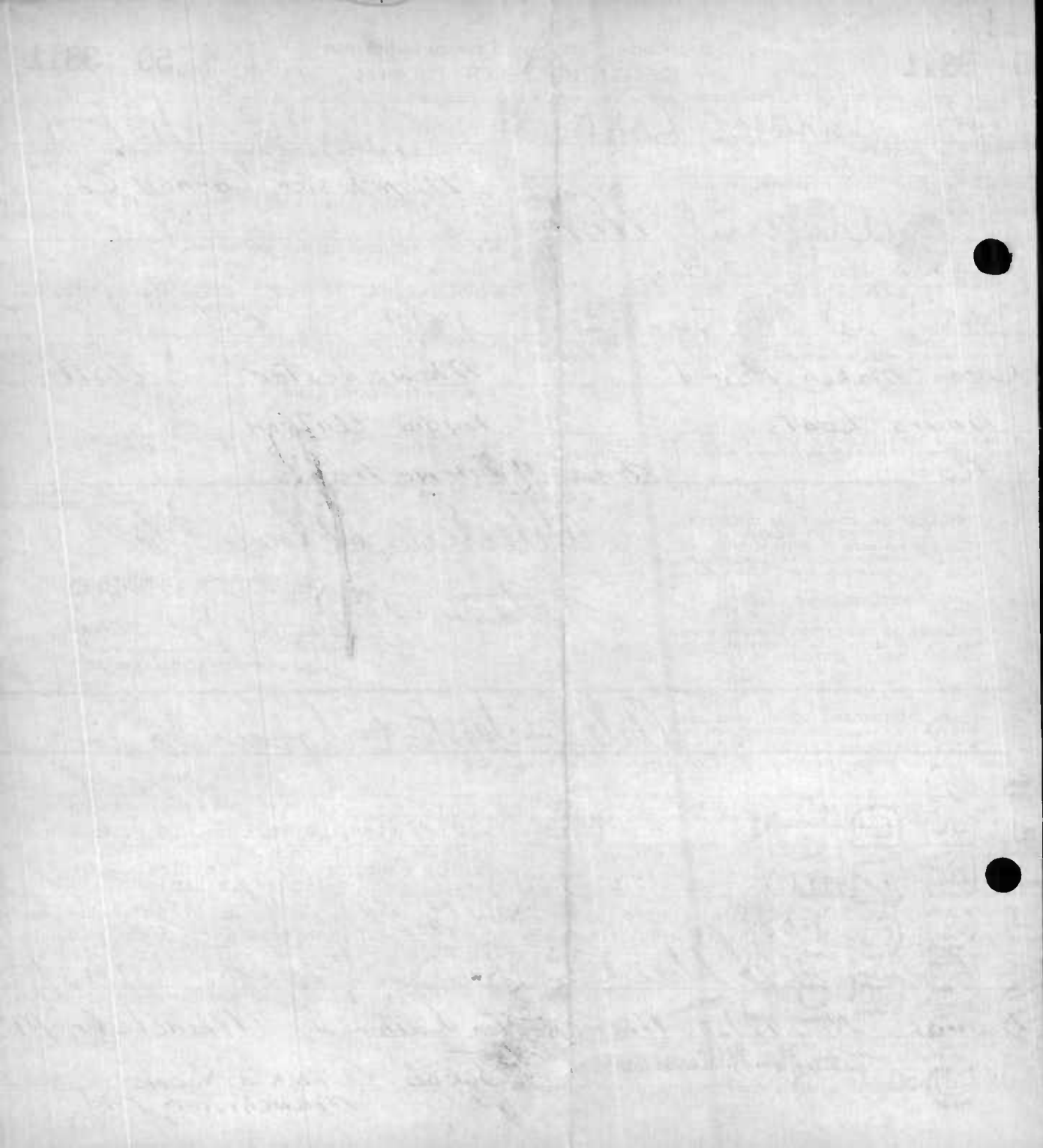
1. NAME OF DECEASED (Type or Print) Charles Loats			2. DATE OF DEATH 11/15/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Manchest B. COUNTY Carroll Co.		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore 2 days			D. STREET ADDRESS (If rural, give location) 5600		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1861		9. AGE (In years last birthday) 89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar-Maker Retired		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Manchester	
13. FATHER'S NAME Louis Loats			14. MOTHER'S MAIDEN NAME Lydia Wilson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Stone		17. INFORMANT Erene Loats ADDRESS <input checked="" type="checkbox"/>	

18. 061X E 936.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH atelectasis, rt lower lobe		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		CERTIFICATION APPROVED BY Stanley H. D... M. D. CHIEF OR ASST. MEDICAL EXAMINER.	
(B) DUE TO		(C) DUE TO			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardiovascular Disease		19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home (farm)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Manch ster, Carroll Co., Maryland			

21D. TIME (Month) (Day) (Year) (Hour) INJURY October 29, 1950 (?) m.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? While chopping wood for fire, got splinter in hand	
22. I hereby certify that I attended the deceased from 11/12, 1950 to 11/15, 1950 , that I last saw the deceased alive on 11/15, 1950 and that death occurred at 7:40 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Calvin M. Hubbard M. D.		23B. ADDRESS University Hosp.	
23C. DATE SIGNED 11/15/50			

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 18/50	24C. NAME OF CEMETERY OR CREMATORY Manchester Lutheran	24D. LOCATION (City, town, or county) (State) Manchester, Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		25. FUNERAL DIRECTOR Jacob Wink's Sons ADDRESS Manchester, Md	



520
50 9812BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9812
Registered No.

1. NAME OF DECEASED (Type or Print) Benedetto D'Amico			2. DATE OF DEATH Nov. 14 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1603 Eastern Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 60 Yrs.			D. STREET ADDRESS (If rural, give location) 1603 Eastern Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, DIVORCED, WIDOWED Widowed	8. DATE OF BIRTH March 28 1876		9. AGE (In years, Months, Days, Hours, Min.) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E. & O. Laborer			10B. KIND OF BUSINESS OR INDUSTRY B&O. R.R.		11. BIRTHPLACE (State or foreign country) TORRICELLA Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A			13. FATHER'S NAME BERARDINO D'AMICO		
14. MOTHER'S MAIDEN NAME ANGELA CIECHINI			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT Rita Riblich		
18. ADDRESS 1603 Eastern Ave			19. ADDRESS 1603 Eastern Ave		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Cardiac Failure Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/10 , 19 50 , to 11/13 , 19 50 , that I last saw the deceased alive on 11/13 , 19 50 , and that death occurred at 8A m., from the causes and on the date stated above.					
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS 204 E. Biddle St		23C. DATE SIGNED 11/15/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 17/50		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	
24D. LOCATION (City, town, or county) (State) German Hill Rd. Balt. Md.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		REGISTRAR'S SIGNATURE Franklin Williams, M.D.		FUNERAL DIRECTOR Frank Della Loe	
ADDRESS 322 S. High St.					

Dr. Hornerstein 204 E. Biddle St.

GERARDO D'AMICO

ANGELA CICHINI

R

G-635 9813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9813
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Gordon

2. DATE
OF
DEATH

Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-17-05

9. AGE (In years
last birthday)

45

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

General Labor

11. BIRTH PLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm Gordon

14. MOTHER'S MAIDEN NAME

Emma Cromwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

053.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Septicemia

3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Unidentified organism

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pulmonary abscesses

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., th or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1950, to 11/14, 1950, that I last saw the
deceased alive on 11/14, 1950, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Victor A. McKusick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov. 15, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-18-50

Mt Calvary Cem.

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1950

Huntington Williams

Thos. Wilson 1000 Beatty ave

97999

114d

MEDICAL CERTIFICATION

8182

02

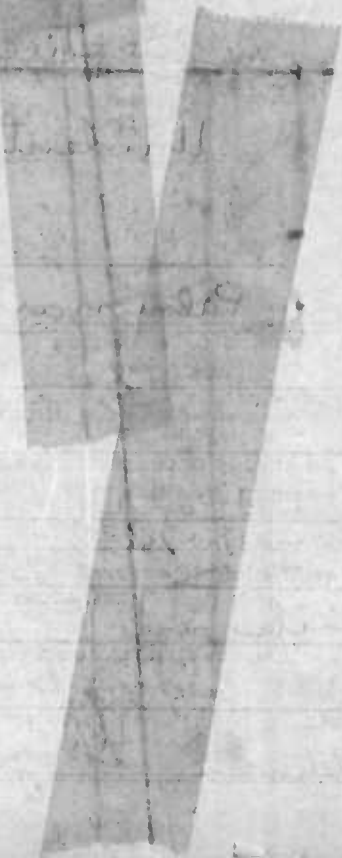
UNITED STATES DEPARTMENT OF AGRICULTURE

1918

STATIONERS' SUPPLY

403

John D. [unclear]



5-5 30 9814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9814
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Smith

2. DATE
OF
DEATH

November 4/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Belts. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

1306 E. Jefferson St.

c. Length of stay in Baltimore

15 yrs.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-20-21

9. AGE (in years
last birthday)

29

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

labour

10B. KIND OF BUSINESS OR INDUSTRY

Dr. Gen.

11. BIRTHPLACE (State or foreign country)

M. C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gennie Smith

14. MOTHER'S MAIDEN NAME

Mamie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 446 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

6 wks

ANTECEDENT CAUSES

(B)

Arteriosclerotic nephritis

DUE TO

?

(C)

malignant hypertension

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from 10-9, 1950 to 11-14, 1950, that I last saw the deceased alive on 11-14, 1950, and that death occurred at 1045 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Victor G. McKusick

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov. 15, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-18-50

Mt Calvary cem.

Brooklyn md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

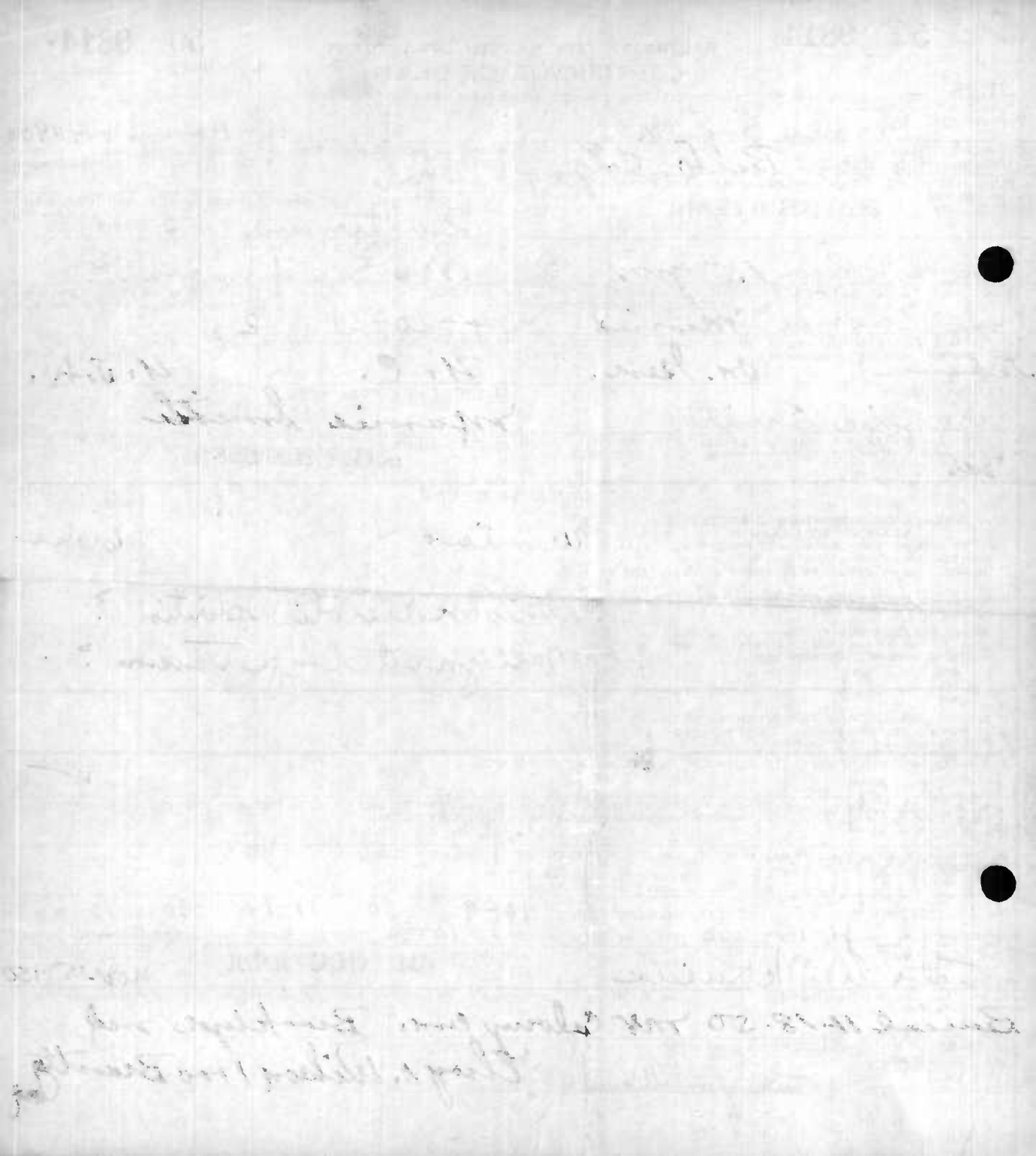
FUNERAL DIRECTOR

ADDRESS

NOV 16 1950

Huntington Williams, M.D.

Eloyo. Wilson 1100 Brantly



S-530
50 9815BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9815
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA SMITH

2. DATE
OF DEATH 11/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2717 Greenmount Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

1860

9. AGE (in years
last birthday) 90
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

about 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

unknown

(C) - - - - -

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27th., 1950, to Nov. 14th. 1950 that I last saw the
deceased alive on Nov. 8th. 1950. and that death occurred at 1: p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

11/17/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 1 61950

VS 150

GREENMOUNT AVE & 22ND

093d

1012

03

1012

WILLIAM
GILBERT
1835-1903
A. C. 100
A. C. 100

WILLIAM
GILBERT
1835-1903

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Frank Zalusky

2. DATE OF DEATH November 14/1950
B. COUNTY _____ before admission)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE md. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - 5300

c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

D. STREET ADDRESS (If rural, give location).
7403 North Point Rd.

5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 5-08 9. AGE (in years last birthday) 42 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tractor Operator 10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel

11. BIRTHPLACE (State or foreign country) (A) Balto. 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Henry Zalusky STEEL

14. MOTHER'S MAIDEN NAME Mary Kondanskia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS _____

18. 4201 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute myocardial infarction
DUE TO
ANTECEDENT CAUSES
(B) Atherosclerotic coronary thrombosis.
DUE TO
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13 1950, to 11-14 1950 that I last saw the deceased alive on 11-14 1950, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE Seemiah A. Barondeel M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE 11-18-50

24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1950

Wilmington Williams, M.D. Julius Zick

403 S. Wolfe St.

H-125
50 9817BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9817
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Hopkins		11-14-50	
3. PLACE OF DEATH:		A. Baltimore City, Maryland		Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION		(If not in hospital or institution, give street address or location)		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
60		274 S. Robinson Street		A. STATE Md	
C. Length of stay in Baltimore		Life		B. COUNTY	
5. SEX		6. COLOR OR RACE		C. CITY OR TOWN	
M		W		Baltimore, Maryland	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (in years last birthday)	
Single		1-10-92		50	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Lead Burner		Dupont Corp.		Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
USA		John Hopkins		Elizabeth ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Catherine Hopkins	
				ADDRESS	
				274 S. Robinson Str.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
592X I		myocardial Infarction		6 hrs	
ANTECEDENT CAUSES		DUE TO		3 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Chronic Hemorrhagic stroke			
		DUE TO			
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Nov, 1950, to Nov, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 3:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Cecilia W. H. Gouge		3023 Eastern Ave		11/15/50	
M. D.					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-17-50		Sacred Heart	
				Baltimore Md.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
		Lilly & Son		403 S. Wolfe Street	

DATE RECEIVED BY LOCAL REGISTRAR
OV 161950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

5944R

131B

100-11-10

100-11-10

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100-11-10

100-11-10

260 50 9818

KISSER 50 9818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Godfred H. Kissen

2. DATE OF DEATH 11/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY ANNE ARUNDEL

5. FULL NAME OF (If not in hospital or institution, give street address or location)
South Baltimore General Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Severn - (RURAL) Box 283

7. STREET ADDRESS (If rural, give location)
Grain Highway 1/2 Mi. So. of GLEN BURNIE,

8. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

9. SEX Male

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

12. DATE OF BIRTH 10/30

13. AGE (In years last birthday) 50

14. If Under 1 Year Months _____ Days _____

15. If Under 24 Hours Hours _____

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ly. of Guard

17. KIND OF BUSINESS OR INDUSTRY Md. Dry Dock

18. BIRTHPLACE (State or foreign country) Maryland

19. CITIZEN OF WHAT COUNTRY? U.S.

20. FATHER'S NAME Godfred H. Kissen, Sr.

21. MOTHER'S MAIDEN NAME Carolyn MUSALF

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO

23. SOCIAL SECURITY NO. 215-01-1405

24. INFORMANT Mrs. G. HENRY KISSER, SEVERN, MD. P.F.D. Box 283

25. ADDRESS _____

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Myocardial Infarction

28. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Coronary Artery Occlusion
Coronary Artery Sclerosis

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Atherosclerosis of Aorta

30. INTERVAL BETWEEN ONSET AND DEATH
1 hr.
2 wks
Indefinite
Indefinite

31. 19A. DATE OF OPERATION 2/1

32. 19B. MAJOR FINDINGS OF OPERATION

33. 20. AUTOPSY? YES ☒ NO ☐

34. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

35. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. 21D. TIME (Month) (Day) (Year) (Hour) INJURY

38. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. 21F. HOW DID INJURY OCCUR?

40. 22. I hereby certify that I attended the deceased from 11/4/50, 1950, to 11/15/50, 1950, that I last saw the deceased alive on 11/15/50, 1950, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

41. 23A. SIGNATURE William B. Cooper, Jr. M.D.

42. 23B. ADDRESS 1213 Light Street

43. 23C. DATE SIGNED 11/15/50

44. 24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

45. 24B. DATE NOV. 18, 1950

46. 24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN

47. 24D. LOCATION (City, town, or county) (State) GLEN BURNIE, MD.

48. DATE RECEIVED BY LOCAL REGISTRAR

49. REGISTRAR'S SIGNATURE Wm. B. Cooper, Jr.

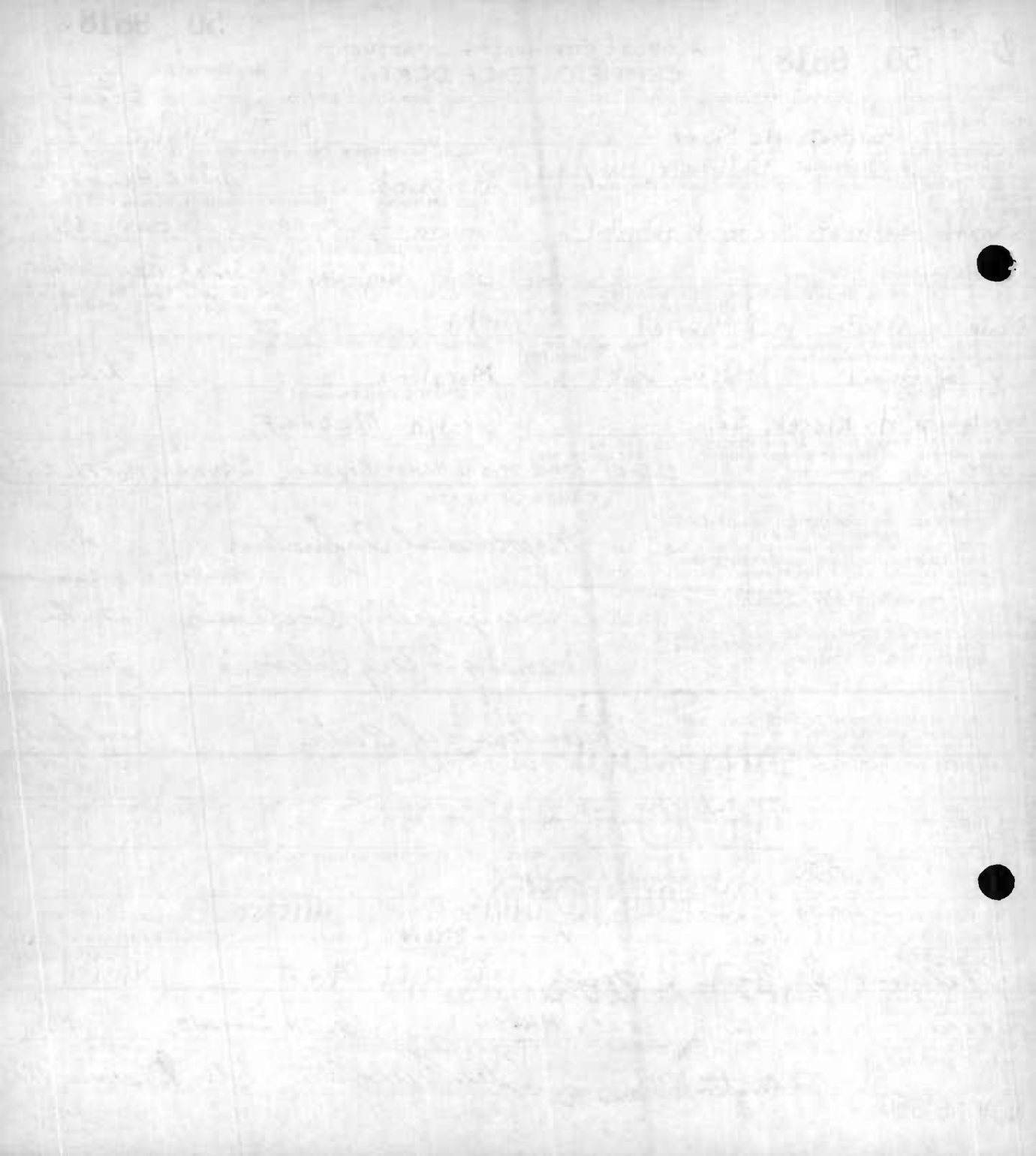
50. 25. FUNERAL DIRECTOR W. B. Cooper, Jr.

51. ADDRESS Glen Burnie, Md.

52. NOV 18 1950

53. 763 3U

54. 094a



We note primary site not known, however,
if possible, please state a more
definite anatomical location of the
malignant tumor?

See Document File 50-9819 For detail of Carcinomatosis
11/30/50
ES

452		50 9820		BALTIMORE CITY HEALTH DEPARTMENT		50 9820	
N.D.-143146				CERTIFICATE OF DEATH		Registered No.	
BIRTH NO. 9-90631							
1. NAME OF DECEASED (Type or Print) Gloria Ann Williams				2. DATE OF DEATH Nov. 13, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE location) Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 1031 Plum Alley (30)			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 7, 1947		9. AGE (In years; last birthday) 3	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Williams				14. MOTHER'S MAIDEN NAME Mary Lindsay			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records; 4940 Eastern Avenue			
18. 010-X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Tuberculous Meningitis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 Weeks	
19A. DATE OF OPERATION 11-9-50		19B. MAJOR FINDINGS OF OPERATION T.B. Meningitis with increased intracranial pressure				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-6-1950, to 11-13-1950 that I last saw the deceased alive on 11-13-1950, and that death occurred at 10a m., from the causes and on the date stated above.							
23A. SIGNATURE M. O'Brien				23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-14-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/17/50		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary		24D. LOCATION (City, town, or county) (State) A.A. Co Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		REGISTRAR'S SIGNATURE Wmington Williams		25. FUNERAL DIRECTOR Isaac L Brown Son		ADDRESS 108 W Montgomery St	

0508

03

3-6

150

-230
50 9821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9821

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) JAMES H. WEST		2. DATE OF DEATH 11/11/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 21-0			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1340 Cleveland St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 30yrs		D. STREET ADDRESS (If rural, give location) 1340 Cleveland St.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 12, 1892	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Plumbing (CONT)		11. BIRTHPLACE (State or foreign country) A.A. County, Md.	
13. FATHER'S NAME Wm. West		14. MOTHER'S MAIDEN NAME Laura		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 220-14-8178		17. INFORMANT Richard Snowden	
18. 148X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Throat DUE TO (B) Throat? DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 6 yrs.		19. DATE OF OPERATION 0			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-1- , 19 50 , to 11-11- , 19 50 , that I last saw the deceased alive on 11-11- , 19 50 , and that death occurred at 7 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Bernard B. Gray		23B. ADDRESS 834 Sharp St.		23C. DATE SIGNED 11-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24D. LOCATION (City, town, or county) Balto. Md.		25. FUNERAL DIRECTOR Chas. Bluff		ADDRESS 512 N. Carrollton Ave	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		ADDRESS 512 N. Carrollton Ave	

MEDICAL CERTIFICATION

VS 150

97024

045f

W. H. L. 1914

CHARTER OF THE

1914



20
N.D.-143335

50 9822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9822
Registered No.

1. NAME OF DECEASED (Type or Print) Paul Cornelius Haines		2. DATE OF DEATH Nov. 14, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY 27-19	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 15 Years		d. STREET ADDRESS (If rural, give location) 5805 Simmonds Avenue (15)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railway Express	9. AGE (In years last birthday) 35
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME Cornelius Haines		14. MOTHER'S MAIDEN NAME Rachel Franklin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 4940 Eastern Avenue	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. 080.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Polio myelitis Bulbar DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 11-14-50 19b. MAJOR FINDINGS OF OPERATION Tracheotomy 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. WHERE DID INJURY OCCUR? Baltimore		21d. TIME (Month) (Day) (Year) (Hour) 11-14-50 3	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tracheotomy	
22. I hereby certify that I attended the deceased from 11-14-50 , 19 50 , to 11-14 , 19 50 , that I last saw the deceased alive on 11-14 , 19 50 and that death occurred at 6.45pm. , from the causes and on the date stated above.			
23a. SIGNATURE J. J. Croger M. D.		23b. ADDRESS 4940 Eastern Avenue	
23c. DATE SIGNED 11-15-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov 17/50		24c. NAME OF CEMETERY OR CREMATORY Beth National	
24d. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Jonny Byers	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
ADDRESS 5005 Rd 7 Hyattsville		ADDRESS 5005 Rd 7 Hyattsville	

100

RECEIVED

100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>50 9823</u>	
1. NAME OF DECEASED (Type or Print) <u>MARY V. GAMBEAU</u>			2. DATE OF DEATH <u>14 Nov. 1950</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>BALT.</u>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>UNION MEMORIAL HOSPITAL</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Towson 4 53-04</u>		
d. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <u>225 BURKE AVE.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>18 Oct. 1880</u>	9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Social Work Service</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>William Callahan</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Gavin</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>221-07-5235</u>			17. INFORMANT <u>Patient</u>		
18. <u>1420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>PULMONARY EMBOLI AND INFARCTIONS, BILATERAL.</u> DUE TO (B) <u>MURAL THROMBI, RT. VENTRICLE</u> DUE TO (C) <u>ARTERIOSCLEROTIC HEART DISEASE?</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			19a. DATE OF OPERATION <u>2</u>		
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 10</u> , 19 <u>50</u> , to <u>Nov. 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 14</u> , 19 <u>50</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard Beach</u>		23b. ADDRESS <u>Union Memorial Hospital</u>		23c. DATE SIGNED <u>11-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cathedral Cemetery,</u>	
24d. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>B. Verma Laxman.</u> 4611 Park Heights Ave.			

8888 05

IN NOV 1950

1950 Y. CAMBODIA

DATE

MO.

Township of
2nd COURSE AVE.

1950 Y. CAMBODIA

18 Dec 1950

18 Dec 1950

A.C.A.

1950 Y. CAMBODIA
18 Dec 1950

513

50 9824

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9824

1. NAME OF DECEASED
(Type or Print)

FRANK C. LAMBDIN SR.

2. DATE
OF
DEATH

November 14, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3117 O'Donnell St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1-01

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3117 O'Donnell St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 22, 1884

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Thomas Lambdin

BLDG. OPER

14. MOTHER'S MAIDEN NAME

Helen Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or date of service)
Yes No

World War I

16. SOCIAL
SECURITY NO.
214-01-4469

17. INFORMANT

ADDRESS

Frank C. Lambdin Jr. 3117 O'Donnell St.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Coronary Occlusion

Nov 13/50

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13 1950 to 11-14, 1950, that I last saw the
deceased alive on Nov 13 1950, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/17/50.

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

(State)

7225 Eastern Ave. Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1950

W. L. Williams, M.D.

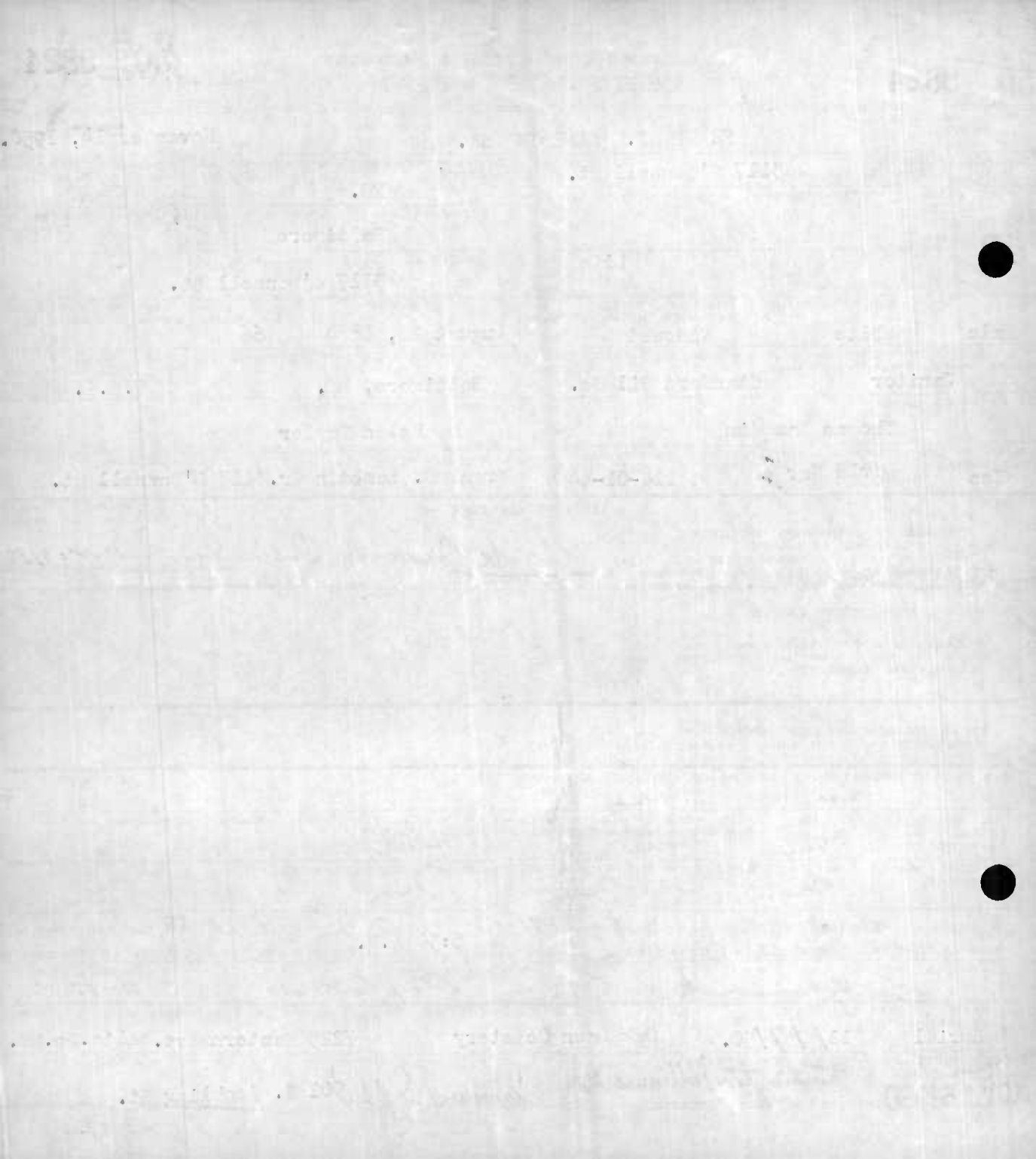
Charles S. Geiler

901 S. Conkling St.

VS 150

77082

094a



-120
0 9825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9825

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances L. Cobbs

2. DATE
OF
DEATH

Nov. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

311 W. Preston St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

311 W. Preston St

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 7, 1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

? Larkins

14. MOTHER'S MAIDEN NAME

Katie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Sam'l Stewart 311 W. Preston St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1950, to 11-13, 1950, that I last saw the
deceased alive on 11-13, 1950, and that death occurred at 230 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1950

Huntington Williams, M.D.

Jesse W. Biddle, W. Biddle St

30-8882

30-8882

30-8882

30-8882

WALLEY,
CONGRESS

4000

1000

1000

652
9826BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9826

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dora W. Cornish

2. DATE
OF
DEATH

Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

722 Dolphin St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

722 Dolphin St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 20- 1876

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A. ✓

13. FATHER'S NAME

Lewis Washington

14. MOTHER'S MAIDEN NAME

Rebecca Fuller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M's Bertie Harris 722 Dolphin St.

18. 491 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
m. WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1950, to 11-14, 1950, that I last saw the
deceased alive on 11-14, 1950, and that death occurred at 11A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-18-50

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1950

L. H. Williams, M.D.

Mrs. Frances D. Humphrey

578 W. Biddle St.

3838

38

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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455

9827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9827

1. NAME OF DECEASED (Type or Print) JULIA ULLMAN		2. DATE OF DEATH 11-12-58	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Balt. Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI Hosp.		C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township) Balt Md 15-11	
C. Length of stay in Baltimore 60 yrs		D. STREET ADDRESS (If rural, give location) 3250 Yosemite Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 4, 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work		10B. KIND OF BUSINESS OR INDUSTRY Housework	9. AGE (In years last birthday) 83
13. FATHER'S NAME Hermon Solomon		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Harriet Johnson	
17. INFORMANT Mr Stanley Ullman		ADDRESS 3250 Yosemite	
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Congestive heart failure. DUE TO (B) Atherosclerotic heart disease. DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-18 , 19 58 , to 11-12 , 19 58 , that I last saw the deceased alive on 11-12 , 19 58 , and that death occurred at 10:45 Pm., from the causes and on the date stated above.			
23A. SIGNATURE Henry C. Stefan		23B. ADDRESS Sinai Hosp.	
23C. DATE SIGNED 11-12-58			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/16/58	
24C. NAME OF CEMETERY OR CREMATORY Chet Shalom		24D. LOCATION (City, town, or county) (State) Donnell 28	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1958		25. FUNERAL DIRECTOR David Sordheim	
25. FUNERAL DIRECTOR David Sordheim		ADDRESS 1902 East	

MEDICAL CERTIFICATION

1982

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10139

1982

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10139

50 9828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9828
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jessie M. Mercer</i>		2. DATE OF DEATH <i>Nov. 14-1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Catow + Wilkens Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital D.O.A.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Batonville</i>	
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>127 Forest Drive</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct. 1-1871</i>
9. AGE (In years last birthday) <i>79</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Plain #4 Ind. Co. Ind.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Henry B. Wilson</i>		14. MOTHER'S MAIDEN NAME <i>Martha E. Watkins</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs. Frieda Hobb</i>		ADDRESS <i>127 Forest Drive</i>	

MEDICAL CERTIFICATION

18. <i>4-21-4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Coronary Artery Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Chr. valvular heart disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Oct 1</i> , 19 <i>40</i> <i>Nov 14</i> , 19 <i>50</i> that I last saw the deceased alive on <i>Nov 14</i> , 19 <i>50</i> , and that death occurred at <i>127 Forest Drive</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>John H. Beyer Jr</i>	23B. ADDRESS <i>1512 Hollins St</i> M. D. <i>Bald. 23 Ind</i>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 17-1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pine Grove Cem. Mt. Airy, Ind.</i>
24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR ADDRESS <i>Geo. E. Beyer Jr 1512 Hollins St Bald. 23 Ind</i>	

8340 03

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RECEIVED

03

03

CERTIFICATE OF DEATH

11-11-12

OK

11-11-12

50 9829

50 9829

JL-143232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roleux Jarrell

2. DATE
OF
DEATH

11-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2228 Eutaw Place

c. Length of stay in Baltimore

7 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 23, 1917

9. AGE (In years
last birthday)

33

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PLUMBER

10B. KIND OF BUSINESS OR
INDUSTRY

PLUMBINNG SHOP

13. FATHER'S NAME

Callis Jarrell

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Pearce Elswick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT'S ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Glomerulo Nephritis

DUE TO

2-weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-50, 19, to Nov. 15, 1950, that I last saw the
deceased alive on Nov. 15, 1950, and that death occurred at 9.10 PM., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

11-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/16/50

24C. NAME OF CEMETERY OR CREMATORY

MADISON

24D. LOCATION (City, town, or county) (State)

MADISON WEST VIRGINIA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

VS 150

57424

130.0

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Virginia Weiner

2. DATE OF DEATH

Nov-14-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)

A. STATE *Maryland* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3517-Dubanev St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-05

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3517-Dubanev St.

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH

Feb. 19, 1887

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

St. Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. W.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

George C. Weiner

17. INFORMANT

George C. Weiner

ADDRESS

Same

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Arteriosclerosis*

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardiovascular disease*

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 1st, 1950*, to *Nov 13, 1950*, that I last saw the deceased alive on *Nov 13, 1950*, and that death occurred at *3:10* m., from the causes and on the date stated above.

23A. SIGNATURE

Harry G. Gorman

23B. ADDRESS

3607 Madison Ave

23C. DATE SIGNED

Nov 15, 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov 17, 50

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem Baltimore Md

24D. LOCATION (City, town, or county) (State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Williams

25. FUNERAL DIRECTOR

W. H. Elliptical

ADDRESS

1800 E. ...

NOV 17 1950

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RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

[Faint, mostly illegible handwritten text, possibly a letter or report.]

[Faint handwritten text, possibly a signature or name.]

[Faint handwritten text, possibly a date or reference number.]

[Faint handwritten text, possibly a name or title.]

[Faint handwritten text, possibly a signature or name.]

NOV 1962

0 9831		BALTIMORE CITY HEALTH DEPARTMENT		X		Registered No. 50 9831	
BIRTH NO. 50-24677		CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) Baby Boy Brager				2. DATE OF DEATH 11/16/50			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) Md Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hosp				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore -				D. STREET ADDRESS (If rural, give location) 3527 Meadowside Ave			
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH	
						9. AGE (In years last birthday) 6	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harold Brager				14. MOTHER'S MAIDEN NAME Ruth Lester			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Harold Brager -		ADDRESS Same	
18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH Sub Arachnoid Hem.			
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/16, 1950, to 11/16, 1950, that I last saw the deceased alive on 11/16, 1950 and that death occurred at 12:30 a.m., from the causes and on the date stated above.							
23A. SIGNATURE Gene H. Kelly		23B. ADDRESS 2100 Eastern Pk		23C. DATE SIGNED 11/16/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-17-50		24C. NAME OF CEMETERY OR CREMATORY Rose Dale		24D. LOCATION (City, town, or county) Balto, Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Kewside		ADDRESS 2100 Eastern Pk	
VS 150						160a	

1881

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BALTIMORE CITY
CERTIFICATE OF DEATH

1881

[Faint, illegible text and markings on a lined form, likely a death certificate. The text is mirrored across the page, suggesting bleed-through from the reverse side.]

324
9832
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9832
Registered No.

1. NAME OF DECEASED (Type or Print) ANNY WETZLER			2. DATE OF DEATH Nov. 15th 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 6301 Park Heights Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md 27-60		
C. Length of stay in Baltimore 60 Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 6301 Park Heights Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4th 1879	9. AGE (In years last birthday) 71	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? _____			13. FATHER'S NAME Jacob Welder (Welder)		
14. MOTHER'S MAIDEN NAME _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		
16. SOCIAL SECURITY NO. _____			17. INFORMANT Allowitzler 2322 E. Homewood Ave		

18. 350 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Parkinson's Disease (A) _____ DUE TO Acute Cardiac & Cerebral Vasc. accident (B) _____ DUE TO Parkinson's Disease (C) _____		INTERVAL BETWEEN ONSET AND DEATH 22 hrs 2 yrs
--	---	--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
22. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Sep. 6, 1936 , to Nov. 15, 1950 , that I last saw the deceased alive on Nov. 14, 1950 , and that death occurred at 6 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Bernard Cole		23B. ADDRESS Marchmont apt		23C. DATE SIGNED 11/16/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) _____		24B. DATE Nov. 17/50		24C. NAME OF CEMETERY OR CREMATORY Belvoir Friends of Conv	
24D. LOCATION (City, town, or county) (State) Balto, Md		25. FUNERAL DIRECTOR Howard Soudheim 800 1902 E. Enoch			

DATE RECEIVED BY LOCAL REGISTRAR
Burns
REGISTRAR'S SIGNATURE
Christina Williams
NOV 15 1950

87 c

255

0 9833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9833

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Lachmann

2. DATE

OF

DEATH Nov. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1715 Abbottston St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1715 Abbottston St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mch. 10, 1885

9. AGE (In years last birthday)

65

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Warehouseman

10B. KIND OF BUSINESS OR INDUSTRY

Nat. Dist.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Lachmann

DISTILLERY

14. MOTHER'S MAIDEN NAME

Caroline Buehler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-01-4315 Marie G. Lachmann 1715 Abbottston St.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Leukemia

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to Nov 14, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/18/50

Parkwood

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

Christington Williams, M.D.

Clarence F. Hoffmann 1639 Broadway.

Dr. Kennedy 2700 my - 161

STATE OF TEXAS

County of ...
City of ...

Subscribed and sworn to before me this ... day of ... 19...

Notary Public for the State of Texas
My Comm. Expires ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 9834**

326
50 9834
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Lillian M. Deutscher</i>			2. DATE OF DEATH <i>11-16-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. - 20-04</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>210 FREDERICK AVE. - (2110)</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED.</i>	8. DATE OF BIRTH <i>12-19-82</i>		9. AGE (in years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. -</i>
13. FATHER'S NAME <i>Thompson</i>			14. MOTHER'S MAIDEN NAME <i>Batzell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>			16. SOCIAL SECURITY NO. <i>NONE</i>		
17. INFORMANT <i>IRMAN Hepting</i>			ADDRESS <i>4012 Fairfax Road</i>		

18. <i>224X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <i>Heart failure</i> DUE TO (B) <i>Diverticulitis of sigmoid</i> (C) <i>Benign Tumor of adrenal gland</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(over)</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) <i>INJURY</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>10-10-1950</i> to <i>11-16-1950</i> , that I last saw the deceased alive on <i>11-16-1950</i> , and that death occurred at <i>2:45 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Vicizzo</i>		23B. ADDRESS <i>Bon Secours Hosp</i>		23C. DATE SIGNED <i>11-16-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>Nov. 20, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>LONDON PARK</i>	24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 17 1950</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>GEO. L. Schwab 2101 Frederick Ave.</i>		

When autopsy findings become
available, please advise
if tumor of adrenal gland
was malignant or benign.

See Document File 50-9834 for full P.A.B. report

12/7/50 -- ES

610
50 9835
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9835
Registered No.

1. NAME OF DECEASED (Type or Print) Blanche Elizabeth Thorpe			2. DATE OF DEATH Nov. 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 20-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2035 Hollins St.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) BALTIMORE		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2035 Hollins St.		
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1889	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY		10B. KIND OF BUSINESS OR INDUSTRY BAKERY (R)	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME BENJAMIN Young			14. MOTHER'S MAIDEN NAME FLORENCE Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service) No NONE			16. SOCIAL SECURITY NO. 218-07-6286		
			17. INFORMANT ADDRESS THE MAKERSCHKE 2035 HOLLINS ST.		

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of sigmoid 141.1 DUE TO (A) none ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) none OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) none	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION none 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1 , 19 49 to Nov 15 , 19 50 , that I last saw the deceased alive on 11/15 , 19 50 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Benjamin Miller		23B. ADDRESS 2030 W. Kearsarge		23C. DATE SIGNED 11/16/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov. 18, 1950		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK	
24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.		25. FUNERAL DIRECTOR ADDRESS GEO. L. SCHWAB 2101 FREDERICK AVE.			

9822

Miller

St. Louis

CENTRAL BANK

9822

460
0 9836BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9836

Registered No. _____

1. NAME OF DECEASED (Type or Print) SOPHIA MILLER			2. DATE OF DEATH November 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1726 N. Smallwood Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 26, 1881	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Germany		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Michael Herman			14. MOTHER'S MAIDEN NAME Marie (?)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. A. Hungelmann - 519 Normandy Ave.			ADDRESS		

18. 443 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Hypertensive cardiovascular disease DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Oenlaender</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 16, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/18/50		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR <i>Wm. J. Pickner & Sons - photo</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. ADDRESS	

CERTIFICATE OF DEATH

Register No.

10-30

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME

PLACE

CAUSE OF DEATH

10

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0 9837BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9837

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND CHRISTHILF BRYANT, SR.

2. DATE
OF
DEATH

Nov. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

3756 Beech Avenue

Yrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 28, 1893

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Refrigerator Equipment

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George A. Bryant

14. MOTHER'S MAIDEN NAME

Carrie Christhilf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

yes World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances P. Bryant-3756 Beech Ave.

18. 420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Nov 15, 1950, that I last saw the
deceased alive on Nov 6, 1950, and that death occurred at 8 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/17/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

VS 150

49064

094a

md

1950

1950

1. The first part of the report is a general
description of the project and its objectives.
2. The second part is a detailed description of
the methods used in the study.
3. The third part is a description of the results
of the study.
4. The fourth part is a discussion of the results
and their implications.
5. The fifth part is a conclusion and a summary
of the findings.

6. The sixth part is a list of references.
7. The seventh part is a list of figures and
tables.
8. The eighth part is a list of appendices.
9. The ninth part is a list of footnotes.
10. The tenth part is a list of errata.

11. The eleventh part is a list of acknowledgments.
12. The twelfth part is a list of the author's
address and contact information.

265
9838BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9838

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA REBECCA ACKERMAN

2. DATE
OF DEATH
Nov. 16, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland 2310 E. Fairmount Ave.

b. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-03d. STREET ADDRESS (If rural, give location)
2310 E. Fairmount Ave.

e. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
May 27, 18779. AGE (in years
last birthday)
73If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
Paul Meyers14. MOTHER'S MAIDEN NAME
Mary E. Meyers15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.17. INFORMANT
Charles AckermanADDRESS
2310 E. Fairmount Ave.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DUE TO
Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
Chr. Myocarditis

(C)

INTERVAL BETWEEN
ONSET AND DEATH
11/14/50
Jan. 1, 1945II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19a. DATE OF OPERATION
0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945 to Nov 16, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

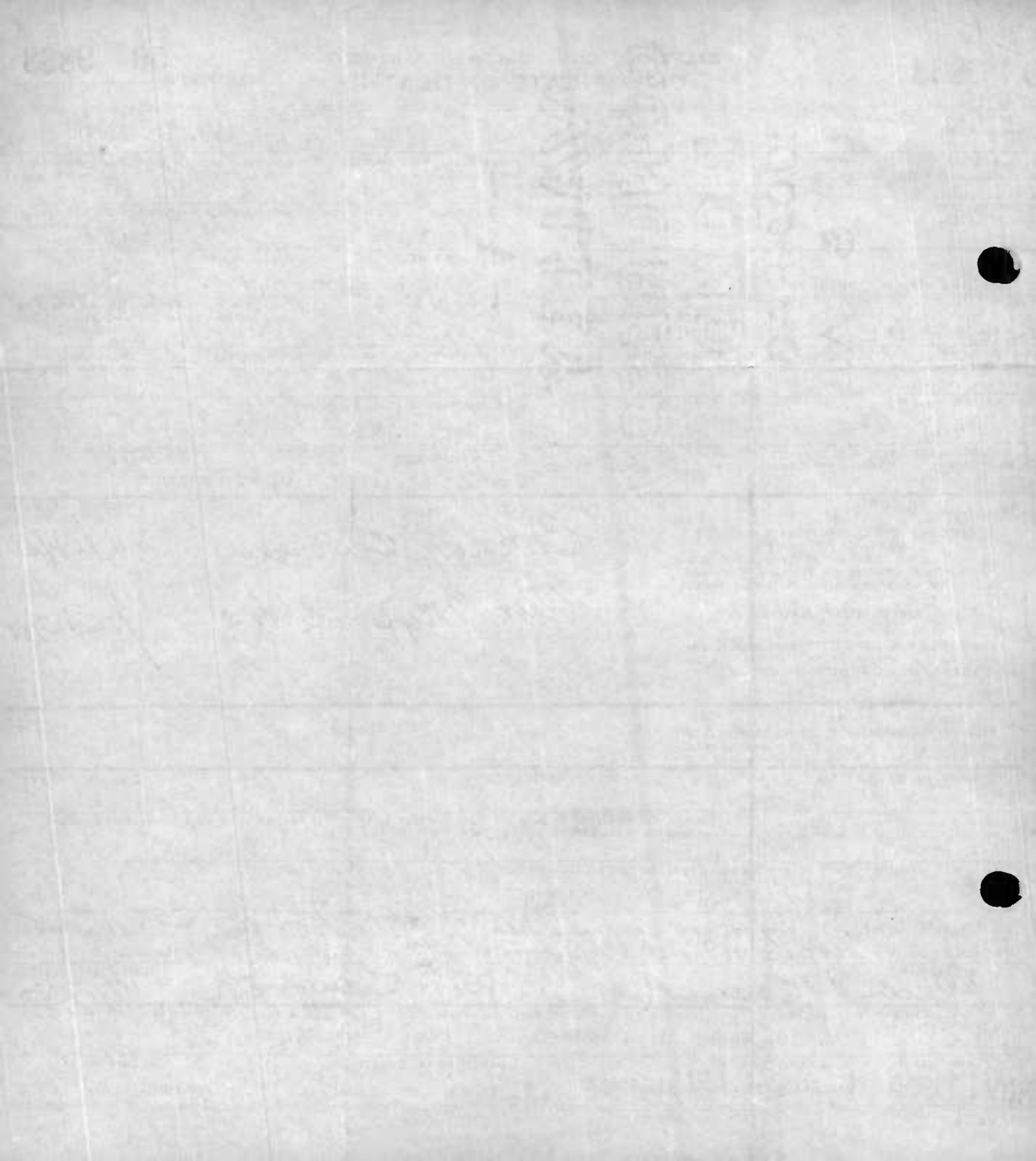
23a. SIGNATURE
Willie J. Roemer

M. D.

23b. ADDRESS
P.O. Box 7, Newwood23c. DATE SIGNED
11/17/5024a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial24b. DATE
Nov. 18, 195024c. NAME OF CEMETERY OR CREMATORY
First United Evan. Cem.24d. LOCATION (City, town, or county) (State)
Baltimore,DATE RECEIVED BY
LOCAL REGISTRAR
NOV 17 1950REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS
Willrich Funeral Home 2008 Orleans St.



514
ES 1546
504 9839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9839
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) John S. Hembling (HEMLING)

2. DATE OF DEATH 11-15-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baltimore City Hospitals

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
Baltimore City Hosp.

8. Length of stay in Baltimore 81 Yrs.

9. SEX Male

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

12. DATE OF BIRTH Aug. 14, 1869

13. AGE (In years last birthday) 81

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Maryland

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME Charles A. Hemling

21. MOTHER'S MAIDEN NAME Sophia Stewart (D)

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS 4940 Records* Balto. City Hospitals Eastern Ave

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive Heart Disease with Congestive Failure and possible Coronary Occlusion

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. INTERVAL BETWEEN ONSET AND DEATH 2 Days

30. DATE OF OPERATION

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY? YES ☒ NO ☐

33. ACCIDENT, SUICIDE, HOMICIDE (Specify)

34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour)

37. INJURY OCCURRED

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from 8-12, 1947, to 11-15, 1950, that I last saw the deceased alive on 11-15, 1950, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

40. SIGNATURE

41. ADDRESS 4940 Eastern Avenue

42. DATE SIGNED 11-16-50

43. BURIAL, CREMATION, REMOVAL (Specify) Burial

44. DATE 11/17/50

45. NAME OF CEMETERY OR CREMATORY Mt. Olivet

46. LOCATION (City, town, or county) (State) Balto. Md.

47. DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1950

48. REGISTRAR'S SIGNATURE

49. FUNERAL DIRECTOR

50. ADDRESS 4000 Cook Inc. 1217 St. Paul St

552
50 9840BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9840
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Lillie Mae Emmons

2. DATE
OF
DEATH Nov. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Fe.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

Alexander Hazzard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9/16/1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emma Taft

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

3206 ADDRESS

Emma Mueller Turren Place

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) congestive heart failure
DUE TO

(C) Intestinal Obstruction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/1950 to 11/16/1950, that I last saw the
deceased alive on 11/16/1950, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

11/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/18/50

Balto.

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

Huntington Williams, M.D.

Wm Cook Inc. 1217 St. Paul St.

50 3010

CERTIFICATE OF DEATH

50 3010

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

600
9841BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9841

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Viola B. Murray

2. DATE
OF
DEATH

Nov. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

519 N. Bond St.

C. Length of stay in Baltimore

21 yrs

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Storekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Grocer (R)

13. FATHER'S NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

8. DATE OF BIRTH

July 11, 1911

9. AGE (In years
last birthday)

39

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Harlem, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Charlesetta Beverly

17. INFORMANT

ADDRESS

Mattie Murray 519 N. Bond St.

18. 442x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive Cardio -
renal DiseaseINTERVAL BETWEEN
ONSET AND DEATH

50 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1945 to Dec 19, 1949 that I last saw the deceased alive on 11-15, 1950 and that death occurred at RAYNER M. GOWNE, M.D. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

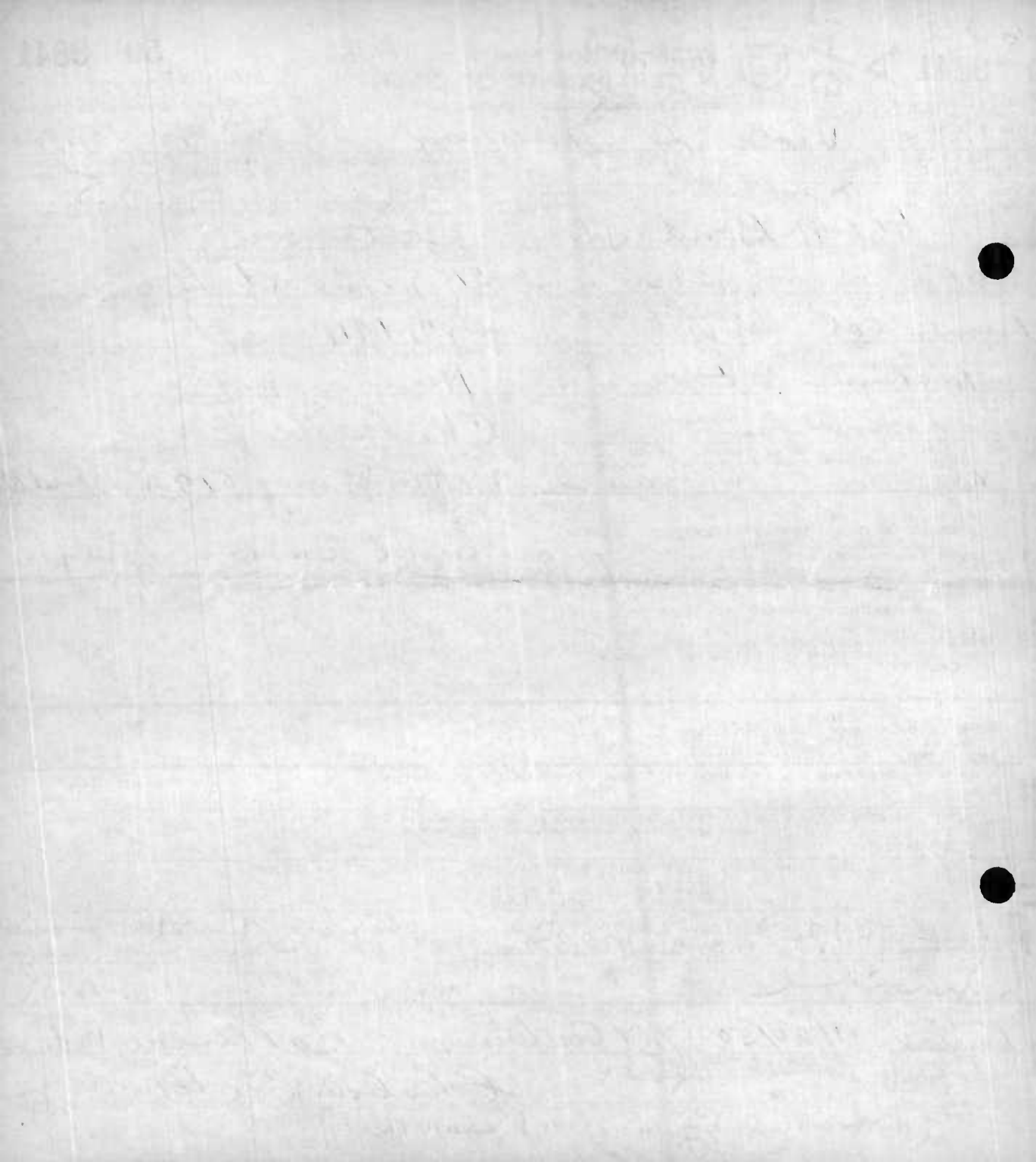
25. FUNERAL DIRECTOR

ADDRESS

VS 150

(authorized by medical examiner)
2906A

131a



622
50 9842BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 9842
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOROTHY L. BRIESACHER

2. DATE
OF
DEATH

NOV. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore Memorial Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female White

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

George F. Hirsch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

203 Meadow Road

8. DATE OF BIRTH

4/18/1925

9. AGE (In years
last birthday)

25

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Marquerite Tierney

17. INFORMANT

Leo Briesacher

ADDRESS

18. 600.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Pyelonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Multiple Abscesses of the Kidney

(C)

Bilateral thrombosis of kidneys

INTERVAL BETWEEN
ONSET AND DEATH

54 days

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1950, to Nov. 14, 1950, that I last saw the
deceased alive on Nov. 14, 1950, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin C. Macraigan

M. D.

23B. ADDRESS

So. Balto. Gen. Hosp.

23C. DATE SIGNED

11/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/18/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

U. A. Co. Del.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. McCann

180 E. TOWNSHIP

NOV 17 1950

VS 150

133B

When autopsy findings
become available, please
advise us if tumor of
kidney were malignant
or benign.

"There are no kidney tumors. The lesions proved to be abscesses"

See Document File 50-9842

12/4/50
ES

622
0 9843
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9843
Registered No.1. NAME OF DECEASED
(Type or Print)

NORA W. BURGESS

2. DATE
OF
DEATH

II/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland I4II Riverside Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/13/1891

9. AGE (In years
last birthday)

59

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

Samuel Tarbutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute coronary occlusion*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerotic Heart Disease*
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Bronchial Asthma, Chronic bronchitis, etc.*

19A. DATE OF OPERATION

6

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1943, to 11/15/1950, that I last saw the
deceased alive on 10/21, 1950, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

II/18/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

- 130 E. Fort Ave.

0343

WATERBURY

CONNECTICUT

FIELD

LOCAL

U.S.A.

Handwritten notes and lines, possibly a signature or address, located in the middle-left section of the page.

Handwritten lines of text, possibly a date or reference number, located in the lower-middle section of the page.

A single vertical handwritten line, possibly a checkmark or a reference mark, located in the bottom-right corner of the page.

000
0 9844
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

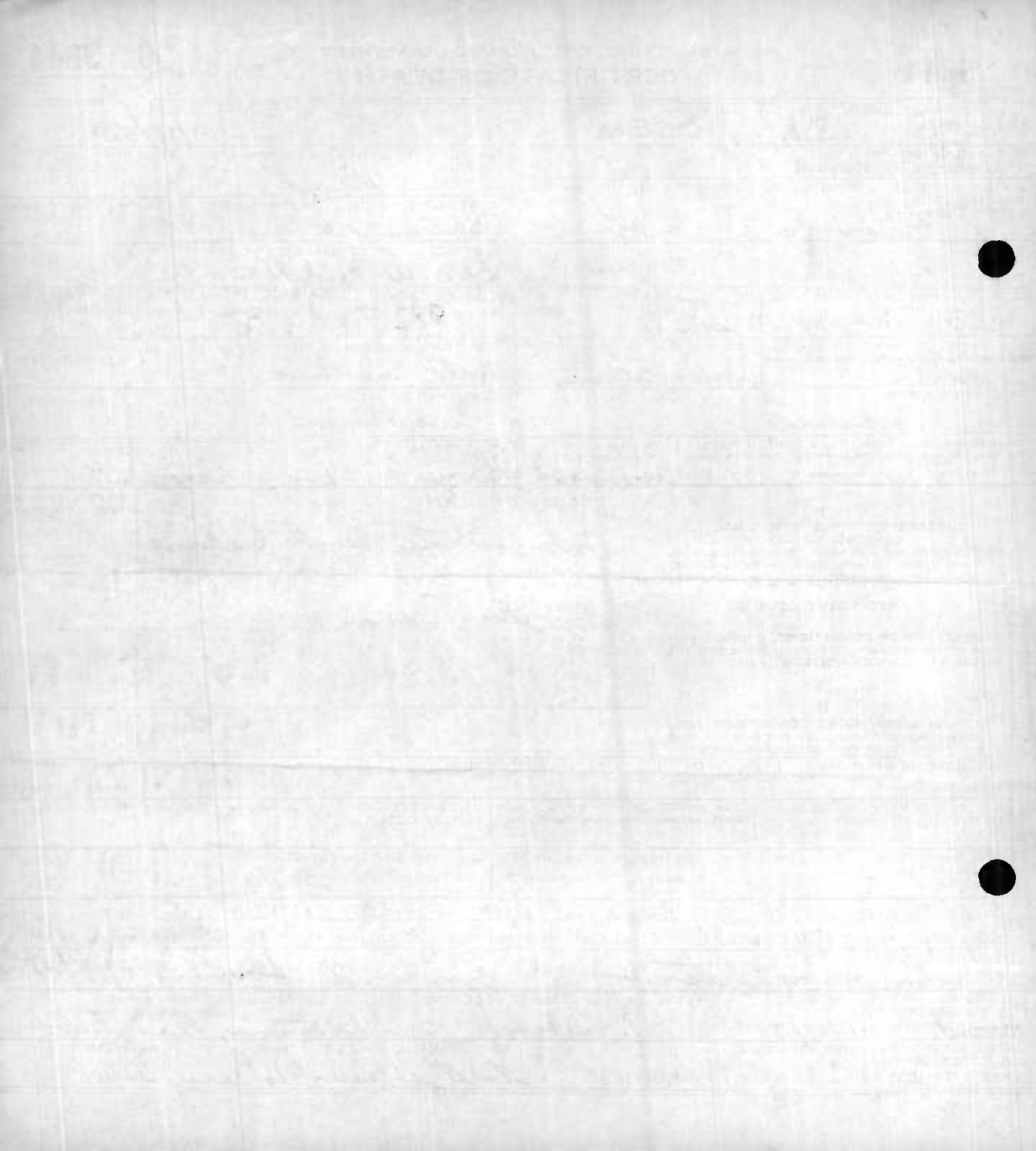
Registered No. 50 9844

1. NAME OF DECEASED (Type or Print) DAY, CLEM		2. DATE OF DEATH 11/12/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Provident Hosp.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore 30 years		D. STREET ADDRESS (If rural, give location) 502 W. Biddle	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1892
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		9B. KIND OF BUSINESS OR INDUSTRY Housing Authority	9. AGE (In years last birthday) 58
10. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) North Carolina	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		13. CITIZEN OF WHAT COUNTRY? North Carolina	
14. SOCIAL SECURITY NO. 219-01-0064		15. MOTHER'S MAIDEN NAME Unknown	
16. INFORMANT Georgia Phillips - 721 George St		ADDRESS	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterolateral Heart Disease DUE TO Hypertension DUE TO INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/10 , 19 50 , to 11/12 , 19 50 that I last saw the deceased alive on 11/11 , 19 50 , and that death occurred at 2 A m., from the causes and on the date stated above.			
23A. SIGNATURE John H. Holmes III		23B. ADDRESS Provident Hosp.	
23C. DATE SIGNED 11/12/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/17/50	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Wm. A. Jackson - 916 Penna. Ave.		ADDRESS	

NOV 17 1950
VS 150

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536
0 9845BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9845

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY B. SCHNEIDER

2. DATE
OF
DEATH

November 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HARBIN SQUARE HOSPITAL

C. Length of stay in Baltimore

69 - Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

13. FATHER'S NAME

Herman B. Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

JOHN C. SCHNEIDER 4002 TAYLOR AVE

18. 446 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic nephrosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized arteriosclerosis

Diabetes Mellitus, pos. myeloid leukemia

INTERVAL BETWEEN
ONSET AND DEATH

3 days?

Not known

Not known

Not known

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1950 to Nov 16, 1950 that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

Eustington Williams, M.D.

Doppel Bros 7110 Belair Rd.

CHICAGO

RECEIVED

CHICAGO

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9846

WILLIAMS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9846

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD WILLIAMS

2. DATE
OF
DEATH

NOV 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1912 BRUNST

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1916

9. AGE (In years
last birthday)

34 33

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHOE SHINER

10B. KIND OF BUSINESS OR
INDUSTRY

SHINE PARLOR

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

PETER WILLIAMS

14. MOTHER'S MAIDEN NAME

GERTRUDE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CHRONIC GLOMERULONEPHRITIS

6 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

BRONCHO PNEUMONIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 1, 1950, to NOV 14, 1950, that I last saw the
deceased alive on NOV 14, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John M. Stone

23B. ADDRESS

911 W. Hospital

23C. DATE SIGNED

11-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/17/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eustington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. B. Kelson

1303

3408



255 50 9848 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 50 9848 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KIRWIN A. HOUSEMAN

2. DATE OF DEATH Nov. 15, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 2814 GRINDON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE

5. FULL NAME OF HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, give rural location) BALTIMORE

7. STREET ADDRESS (If rural, give location) 3619 HAYWARD AVE.

8. Length of stay in Baltimore LIFE.

9. SEX MALE

10. COLOR OR RACE WHITE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

12. DATE OF BIRTH JULY 21, 1883

13. AGE (In years last birthday) 67

14. BIRTHPLACE (State or foreign country) BALTIMORE, MD

15. CITIZEN OF WHAT COUNTRY? U.S.A.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN

17. KIND OF BUSINESS OR INDUSTRY INDUSTRIAL

18. FATHER'S NAME THEODORE HOUSEMAN

19. MOTHER'S MAIDEN NAME SARAH PAHS.

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO

21. SOCIAL SECURITY NO. 212-056779

22. INFORMANT Mrs. Lillian Houseman

23. ADDRESS AVE. 15, 3619 HAYWARD

24. CAUSE OF DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular with Cerebral thrombosis

26. ANTECEDENT CAUSES

27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Terminal uremic coma

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. INTERVAL BETWEEN ONSET AND DEATH 18 days

30. DATE OF OPERATION

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY? YES NO

33. ACCIDENT, SUICIDE, HOMICIDE (Specify)

34. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour) INJURY

37. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from Nov 1, 1950 to Nov 15, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

40. SIGNATURE A. V. Harold M.D. 4706 Harford Road

41. DATE SIGNED 11/15/50

42. BURIAL, CREMATION, REMOVAL (Specify) Burial

43. DATE 11/18/50

44. NAME OF CEMETERY OR CREMATORY Western

45. LOCATION (City, town, or county) Balto, Md.

46. DATE RECEIVED BY LOCAL REGISTRAR

47. REGISTRAR'S SIGNATURE

48. FUNERAL DIRECTOR ADDRESS 5005 Rk Hgts

49. NOV 15 1950

50. 515 3A

51. 093 d

4706

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50 9849

50 9849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

M. NELLIE - LOGAN.

2. DATE
OF
DEATH

Nov. 14 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR

Franklin Square Hospital.

C. Length of stay in Baltimore

65 yrs.

5. SEX

Female

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Teacher.

10B. KIND OF BUSINESS OR INDUSTRY

Public Schools.

13. FATHER'S NAME

Berkley Logan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no.

16. SOCIAL SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-06

D. STREET ADDRESS (If rural, give location)

2803 Frederick Ave.

8. DATE OF BIRTH

March - 6 - 1870

9. AGE (In years - last birthday)

80

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Hagerstown - Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Ellen R. Mayhaugh.

17. INFORMANT

ADDRESS

Mrs. Mary E. Baer, - 2803 Fred'k. Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiac Disease D.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1950, to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

23B. ADDRESS

1729 W Lombard St

23C. DATE SIGNED

Nov 17 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 18/50.

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

Nov 17 1950

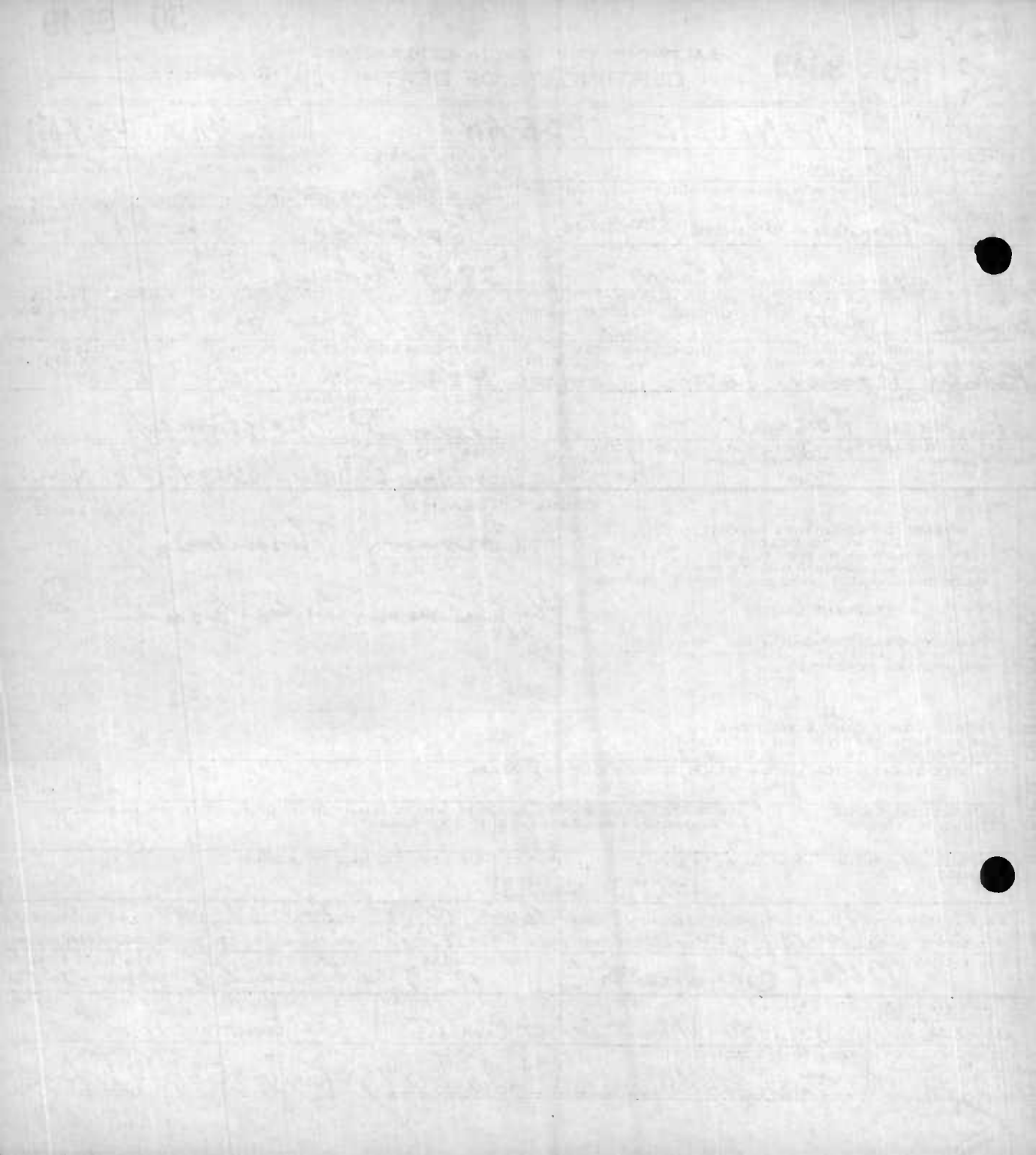
REGISTRAR'S SIGNATURE

T. W. Williams

25. FUNERAL DIRECTOR

ADDRESS

Charles J. Schwab, - 3512 Fred'k. Ave.



W-520
50 9851BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9851
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Weinike, Minnie

2. DATE
OF DEATH Nov. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Pine Crest Sanitarium
INSTITUTION 600 S. Chapel Gate Lane82 Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Frederick Bauersfeld

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03

D. STREET ADDRESS (If rural, give location) 2520 Greenmount Avenue

8. DATE OF BIRTH

Nov. 16, 1867

9. AGE (In years last birthday) 82

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

14. MOTHER'S MAIDEN NAME

Emma Fait

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, Southern Home 2520 Greenmount Ave.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) Arteriosclerosis

DUE TO

(B) Auricular fibrillation

DUE TO

(C)

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None 0

No

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1950, to Nov. 15, 1950, that I last saw the deceased alive on Nov 15, 1950 and that death occurred at 7:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

11 - 17 - 50

Druid Ridge

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

John O. Mitchell & Sons, Inc., -1900 Eutaw Place

097.0

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0000

F-651

CERTIFICATE CORRECTED

11-27-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9852

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peter Fornoff

2. DATE
OF
DEATH

11/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3420 E. Baltimore St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3420 E. Baltimore St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

26-44

D. STREET ADDRESS (If rural, give location)

3420 E. Baltimore St.

E. Length of stay in Baltimore

66 yrs. 34 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 25, 1882

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

superintendent

10B. KIND OF BUSINESS OR
INDUSTRY

International Bedding

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Peter Fornoff

14. MOTHER'S MAIDEN NAME

Elizabeth Vogeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice E. Fornoff 3420 E. Baltimore St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Schubert's Coronary Stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950 to Nov 15, 1950, that I last saw the
deceased alive on Nov 15, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

3400 E. Baltimore St.

23C. DATE SIGNED

11/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11 - 18 - 50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

(State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

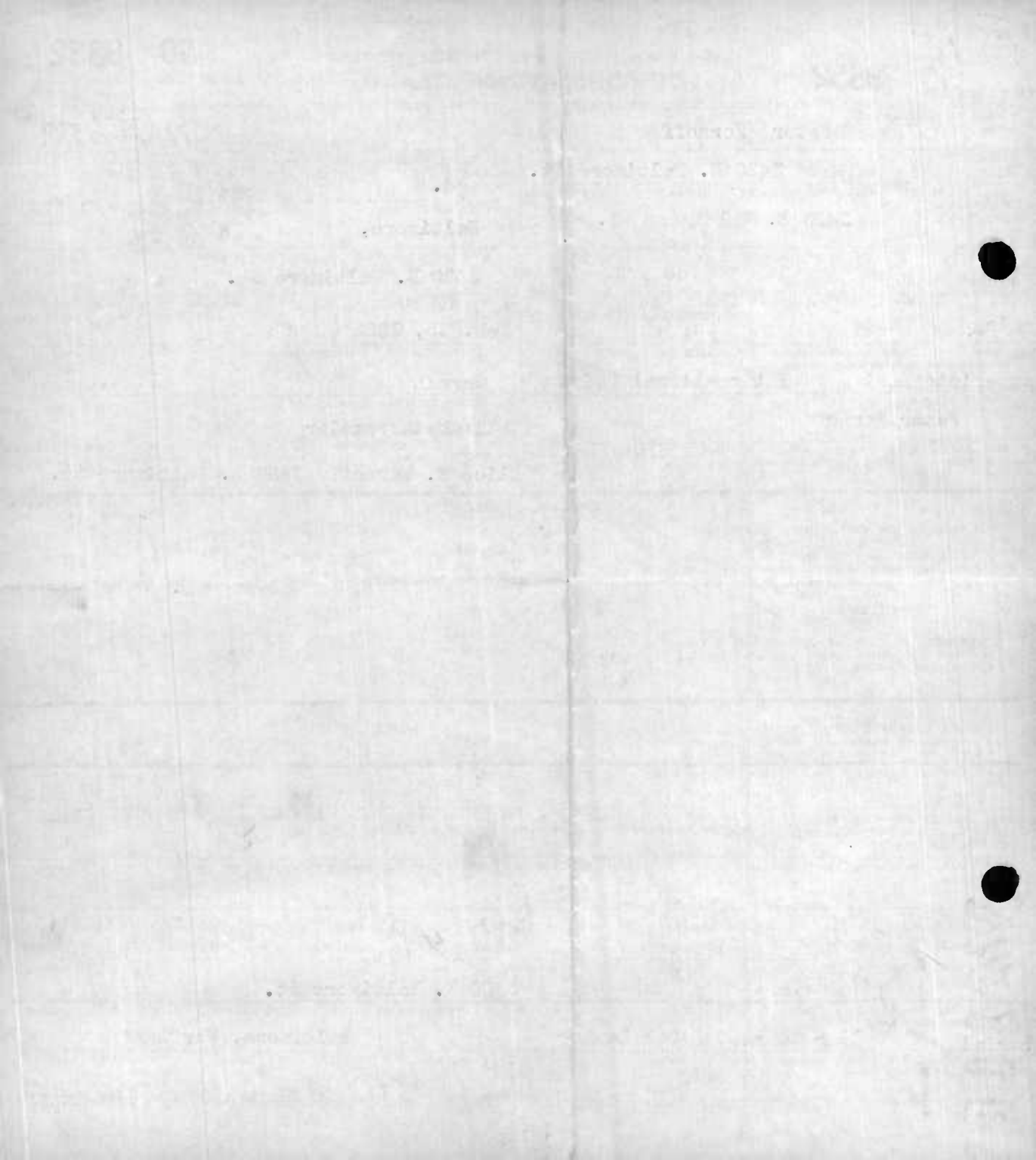
NOV 17 1950

NOV 17 1950

John O. Mitchell & Sons 1900 East Ave Pl.

29033

0461



652

9853

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9853

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HUNTER CARRINGTON		2. DATE OF DEATH November 15, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 336 N. Carrollton Avenue	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 16, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter		10B. KIND OF BUSINESS OR INDUSTRY Baltimore City Hosp.	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Finncastle, Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Carrington		14. MOTHER'S MAIDEN NAME Ella King	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 218-10-5078	
17. INFORMANT		ADDRESS Mordene Carter 336 N. Carrollton Avenue	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley K. Overacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 16, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 20-1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Balt. City		24E. FUNERAL DIRECTOR Samuel W. Sullivan, Jr.		24F. ADDRESS 1011 N. Calington Ave.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1950		REGISTRAR'S SIGNATURE <i>Franklin M. Williams</i>		25. FUNERAL DIRECTOR Samuel W. Sullivan, Jr.	

7808T

0932

253

0 9854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9854

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL J. OCKENDON

2. DATE
OF
DEATH

NOV 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3424 CHESTNUT AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3424 CHESTNUT AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

Yrs.
Mos.
Days

8. DATE OF BIRTH

JAN 28, 1886

9. AGE (In years last birthday)

64

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK.

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

WM F. WARNER.

14. MOTHER'S MAIDEN NAME

EMMA LEONARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

EMMA D. MARTIN - 3424 CHESTNUT AVE

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 days

years.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 Nov 15, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 12 30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

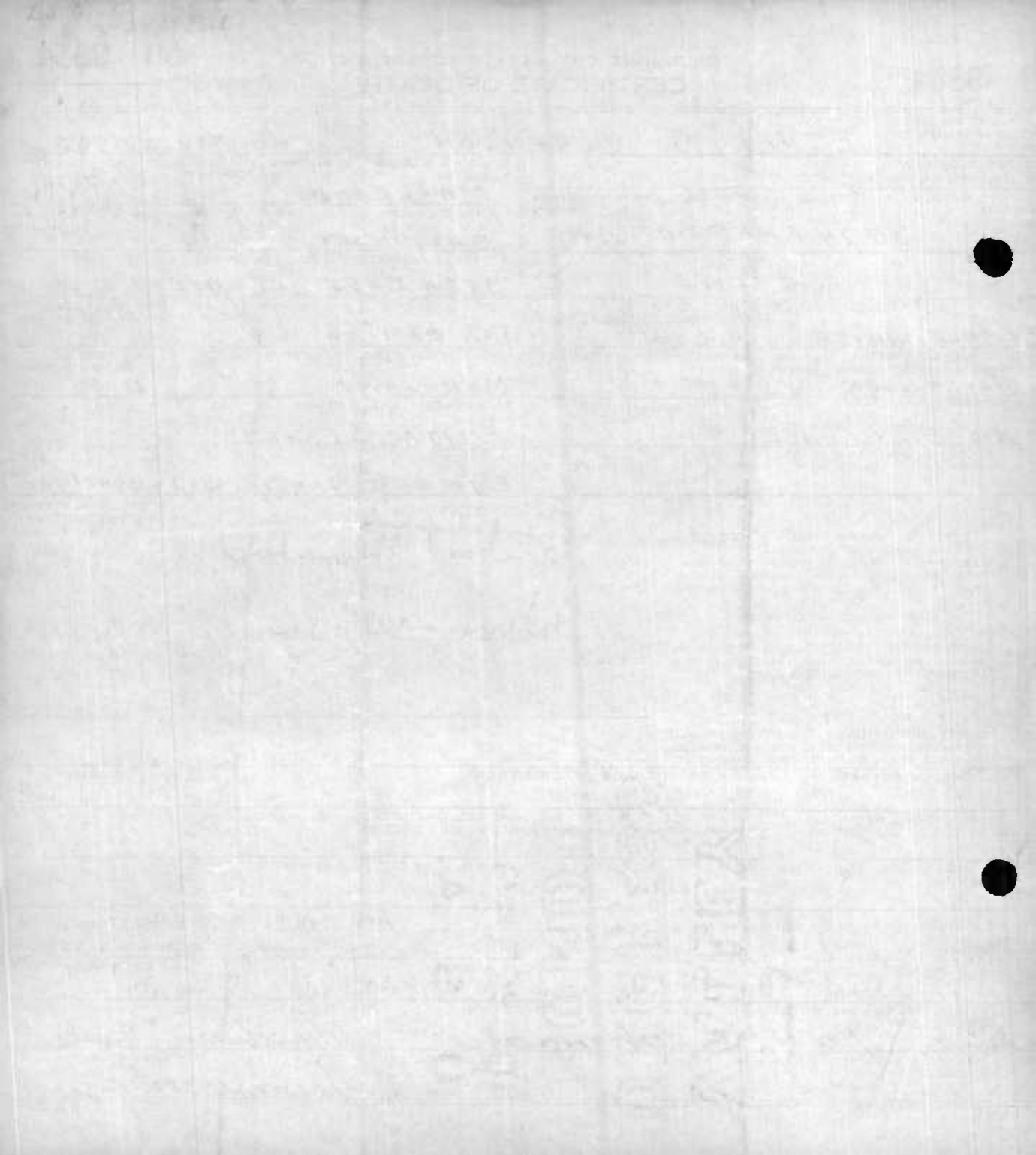
ADDRESS

NOV 17 1950

VS 150

72084

083a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 9855
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **HENRY C. MANN.** 2. DATE OF DEATH **NOV. 16, 1950**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND.** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township)
3816 HICKORY AVE **BALTIMORE 13-07**

D. STREET ADDRESS (If rural, give location) **3816 HICKORY AVE**
c. Length of stay in Baltimore **LIFE** Yrs. _____ Mos. _____ Days _____

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWER** 8. DATE OF BIRTH **FEB-26, 1872** 9. AGE in years last birthday **78** 10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED** 10B. KIND OF BUSINESS OR INDUSTRY **STORE KEEPER** 11. BIRTHPLACE (State or foreign country) **MARYLAND.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **JOHN MANN** 14. MOTHER'S MAIDEN NAME **CAROLINE ?**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **JAMES H. MANN-3816 HICKORY AVE** ADDRESS _____

18. **421.4** CAUSE OF DEATH **Ischemic disease of heart** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO _____

ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____

II (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **hypertension** 20. AUTOPSY? YES ☐ NO ☒

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

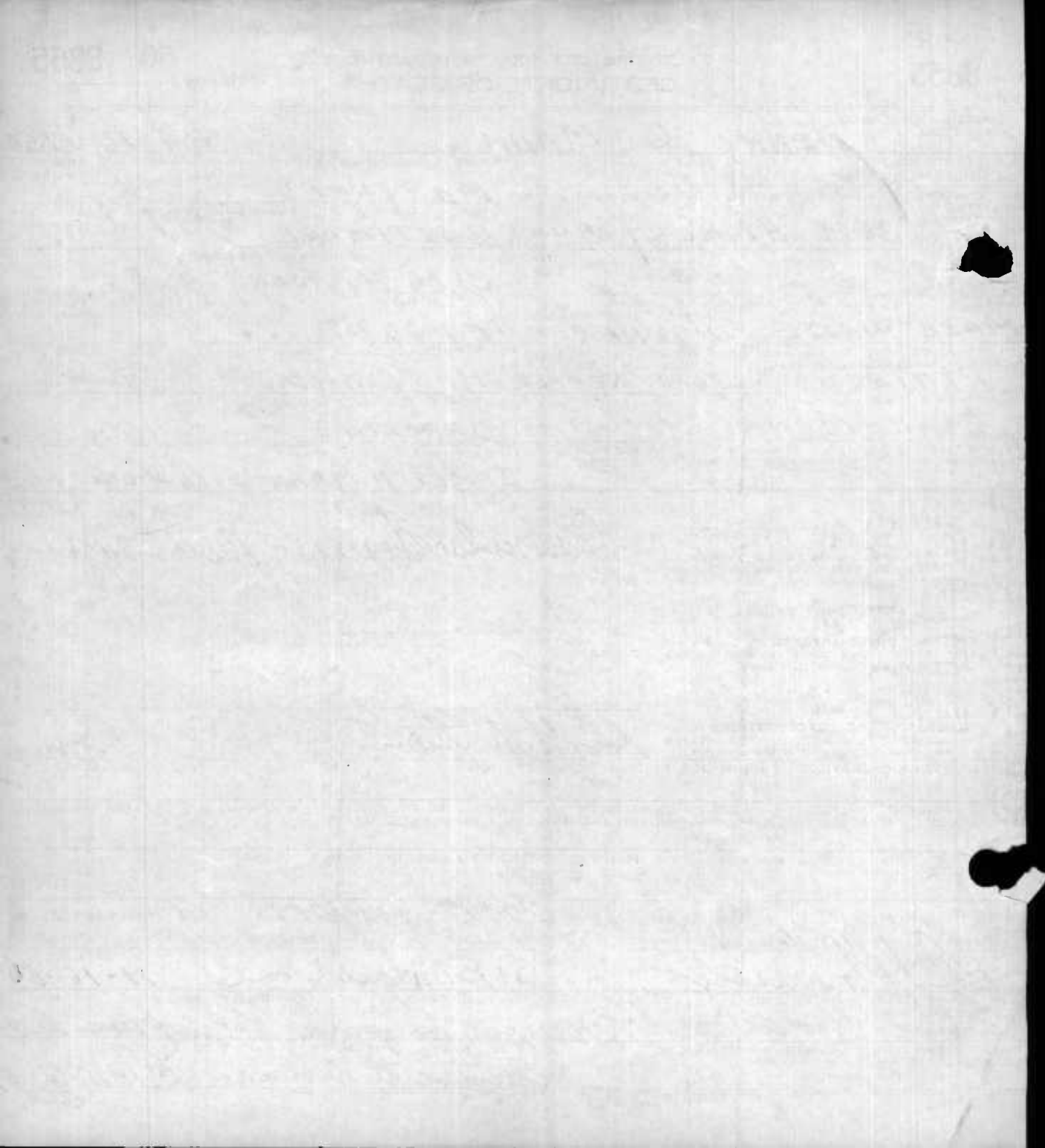
TIME (Month) (Day) (Year) (Hour) _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct 10, 1950** to **Nov 16, 1950**, that I last saw the deceased alive on **Nov 16, 1950**, and that death occurred at **3:38** m., from the causes and on the date stated above.

23A. SIGNATURE **John J. Donovon** 23B. ADDRESS **3632 Roland Ave** 23C. DATE SIGNED **11-16-50**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Nov 20/50** 24C. NAME OF CEMETERY OR CREMATORY **St. Mary's, Hampden-Roland Ave** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 17 1950** REGISTRAR'S SIGNATURE **William Williams** 25. FUNERAL DIRECTOR **Ernest E. Donovan-3818 Roland Ave** ADDRESS _____



162
9856BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9856

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Samuel Hamilton Spragins

2. DATE

OF

DEATH

Nov. 15, 1950

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

2622 N. Calvert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2622 N. Calvert St.

Length of stay in Baltimore

life Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 23, 1875

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School teacher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Stith Bolling Spragins

14. MOTHER'S MAIDEN NAME

Elizabeth Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Martha T. Spragins 2622 N. Calvert St.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive - arteriosclerotic
Cardio - vascular
Renal disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1950, to Nov. 15, 1950, that I last saw the
deceased alive on Nov 14, 1950, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

Nov. 16, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11 - 18 - 50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

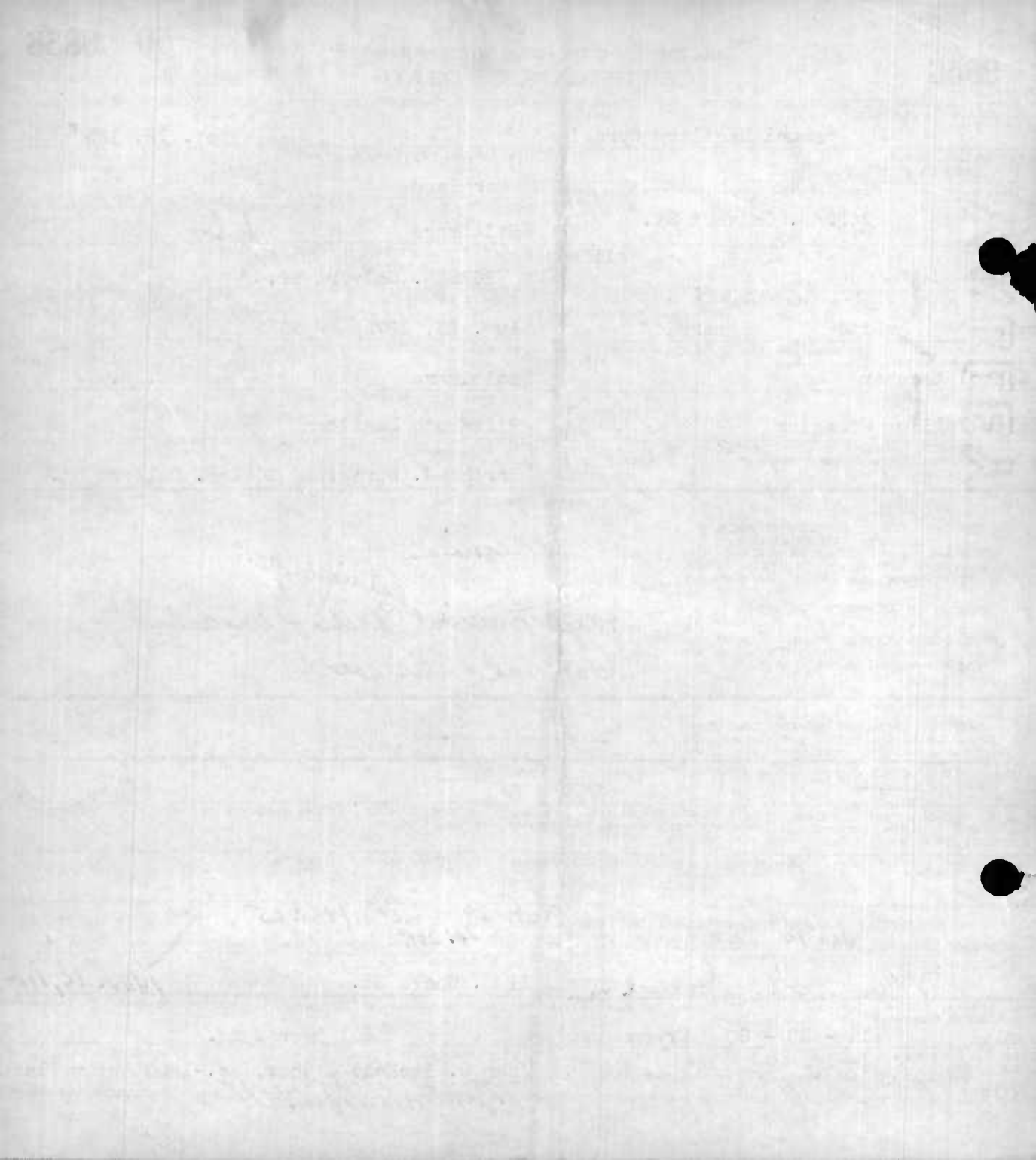
John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

Madison B. Mitchell

VS 150

Dr. Speed

131a



52 Dr. White

50 9857

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9857
Registered No.1. NAME OF DECEASED
(Type or Print)

Mary L. Lorenz

2. DATE
OF
DEATH

Nov. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2719 Strathmore Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Pappenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. G. Reese, 2719 Strathmore Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Oct 2/50.

1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1950, to Nov. 16, 1950; that I last saw the
deceased alive on 15 Nov. 1950 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-18-50

Holy Redeemer

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

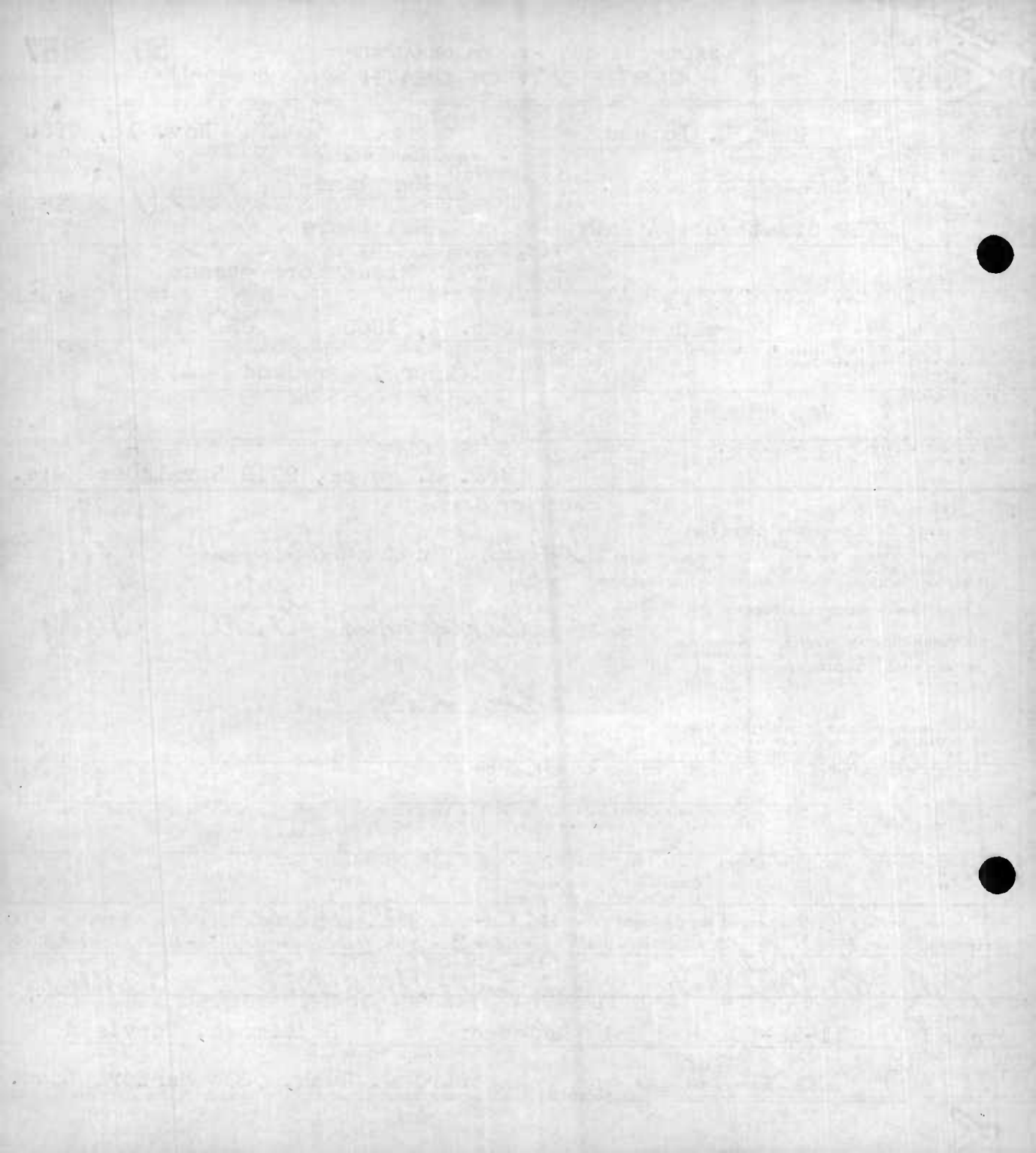
25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

Thurston Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.



420
0 9858BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9858
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROLAND

PELLECCIA

2. DATE
OF DEATH Nov. 16, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1515 Mt. Royal St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Counter man

10B. KIND OF BUSINESS OR

Shadows Restaurant

13. FATHER'S NAME

Frank Pellicci's

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1515 Mt. Royal

8. DATE OF BIRTH

July 19, 1914

9. AGE (In years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Porto Rico

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Victoria (unknown)

17. INFORMANT

ADDRESS

Mrs. Angie Jack 1515 Mt. Royal Ave

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia due to hanging

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)
1515 Mt. Royal22. TIME (Month) (Day) (Year) (Hour)
INJURY
Nov. 16, 1950 ? m.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒21F. HOW DID INJURY OCCUR?
pipe
Hanged self with wrapping cord from22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 16, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/18/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1950

Wm. Cook Inc. 1217 St. Paul St

VS 151

N-991X

7606M

164a

8838

02

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1932

Name of Deceased		Date of Birth		Sex		Race		Religion		Marital Status		Occupation		Cause of Death		Place of Death		Date of Death		Time of Death		Signature of Registrar		Signature of Physician		Signature of Coroner		Signature of Witness	

5290 9859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9859
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR CHARLES LEO LYNCH

2. DATE
OF
DEATH

Nov 16 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Farmer

13. FATHER'S NAME

Michael Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

4/20/182

9. AGE (In years last birthday)

68 67

11 Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ellen Kelly

17. INFORMANT

Charles Lynch 11 Hyde Rd

ADDRESS

18. 541.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Renal failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Post-operative intestinal obstruction enterostomy

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Post-operative gastro-intestinal obstruction cholelithiasis ulcer

19A. DATE OF OPERATION

11-6-50 & 11-14-50

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (o. s., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

20. AUTOPSY?

YES ☐ NO ☒20. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1950 to 11/16, 1950, that I last saw the deceased alive on 11/16, 1950, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

V 171950

30 2853
No 11 35

CERTIFICATE OF DEATH

1915

Harmon

James

James

James

300

MARTIN DOWD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 9860

50 9860

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Martin Dowd</u>			2. DATE OF DEATH <u>Nov 17 1950</u>		
3. PLACE OF DEATH: <u>Baltimore</u> A. Baltimore City, Maryland <u>1200 Valley St.</u> B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Baltimore</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>1200 Valley St. Baltimore</u> D. STREET ADDRESS (If rural, give location) <u>10-01</u>		
c. Length of stay in Baltimore <u>15 yrs.</u>			8. DATE OF BIRTH <u>Dec 28th 1875</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) <u>74</u>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Michael Dowd</u>			14. MOTHER'S MAIDEN NAME <u>Bridget Murphy</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Little Sisters of the Poor</u>		

18. <u>442X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Cardiovascular Renal Disease</u> DUE TO (B) <u>Arterio Sclerosis</u> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> <u>5 yrs</u>
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19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1950, to Nov-17, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23A. SIGNATURE <u>E. G. Hall MD</u>	23B. ADDRESS <u>16318 North Ave</u>	23C. DATE SIGNED <u>Nov 17-1950</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11-20-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 17 1950</u>	REGISTRAR'S SIGNATURE <u>(Signature)</u>	25. FUNERAL DIRECTOR <u>George A. Farley Fulton + Fayette St.</u>	ADDRESS
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72 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200



460

9861

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

9861

Registered No.

1. NAME OF DECEASED (Type or Print)

ALBERT J. BLAIR, SR.

2. DATE OF DEATH

Nov. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE md

B. COUNTY 20-08

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

104 S. Augusta Ave.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. LENGTH OF STAY IN BALTIMORE

Yrs. Mos. Days

8. STREET ADDRESS (If rural, give location)

104 S. Augusta Ave.

9. SEX

M

10. COLOR OR RACE

W

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

12. DATE OF BIRTH

Feb. 4, 1881

13. AGE (In years last birthday)

69

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman Ret.

17. KIND OF BUSINESS OR INDUSTRY

Candy (whol.)

18. BIRTHPLACE (State or foreign country)

md.

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

Joseph J. Blair

21. MOTHER'S MAIDEN NAME

Rose Brown

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

23. SOCIAL SECURITY NO.

24. INFORMANT

Albert J. Blair Jr.

25. ADDRESS

104 S. Augusta Ave.

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

(B) Acute dilatation

(C) Fibrillation + arrhythmia for years.

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. INTERVAL BETWEEN ONSET AND DEATH

few minutes

32. 17 years

33. 19. DATE OF OPERATION

6

34. 19b. MAJOR FINDINGS OF OPERATION

35. 20. AUTOPSY?

YES ☐ NO ☐

36. 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. 22. TIME (Month) (Day) (Year) (Hour) INJURY

23. 21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

24. 21f. HOW DID INJURY OCCUR?

38. 22. I hereby certify that I attended the deceased from 1933, to Nov 16th, 1950, that I last saw the deceased alive on 11/12, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

39. 23a. SIGNATURE

Harry D. McCoarty

40. 23b. ADDRESS

37 W. Preston St

41. 23c. DATE SIGNED

11/18/50

42. 24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

43. DATE RECEIVED BY LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

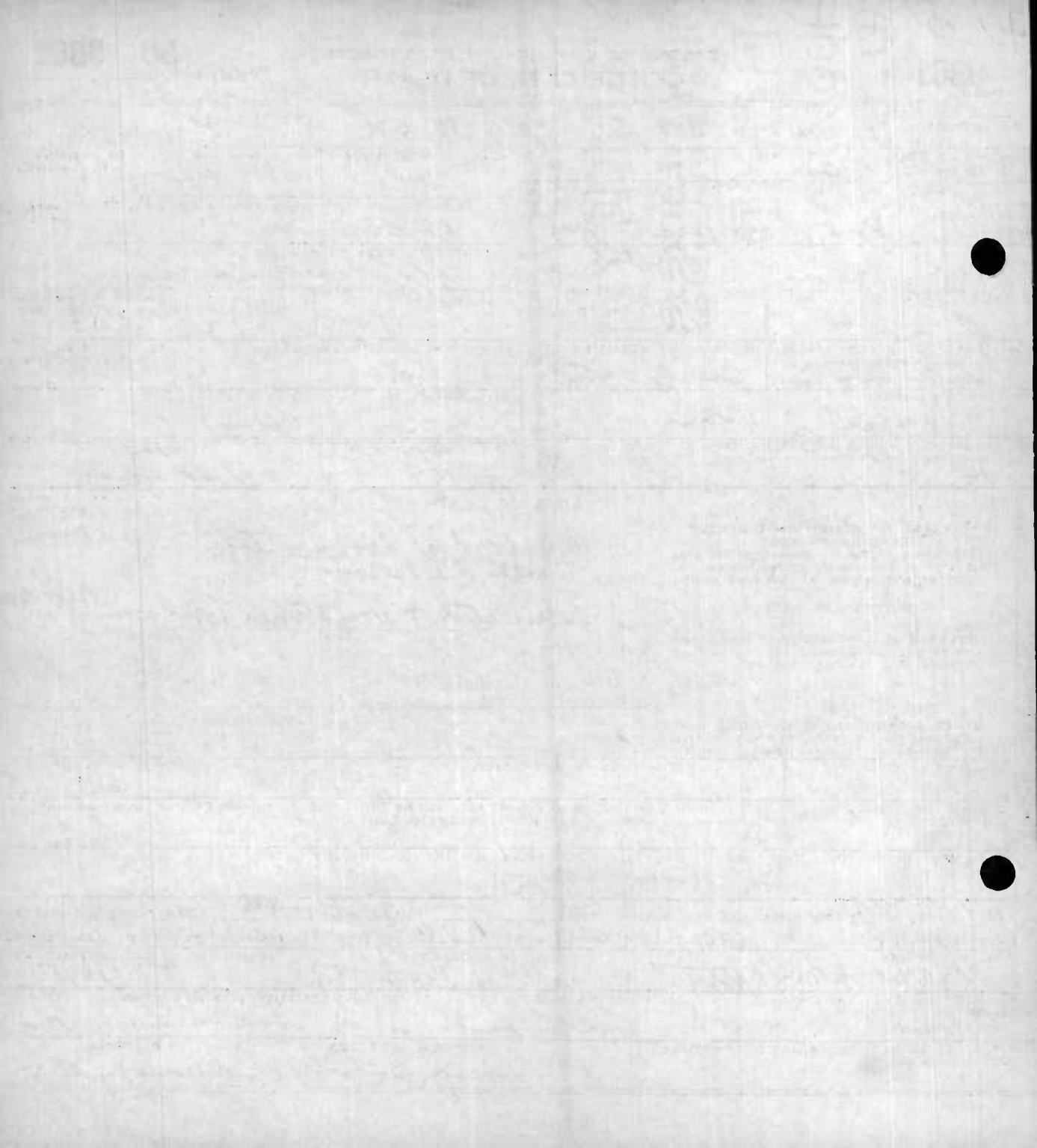
45. FUNERAL DIRECTOR

46. ADDRESS

47. VS 150

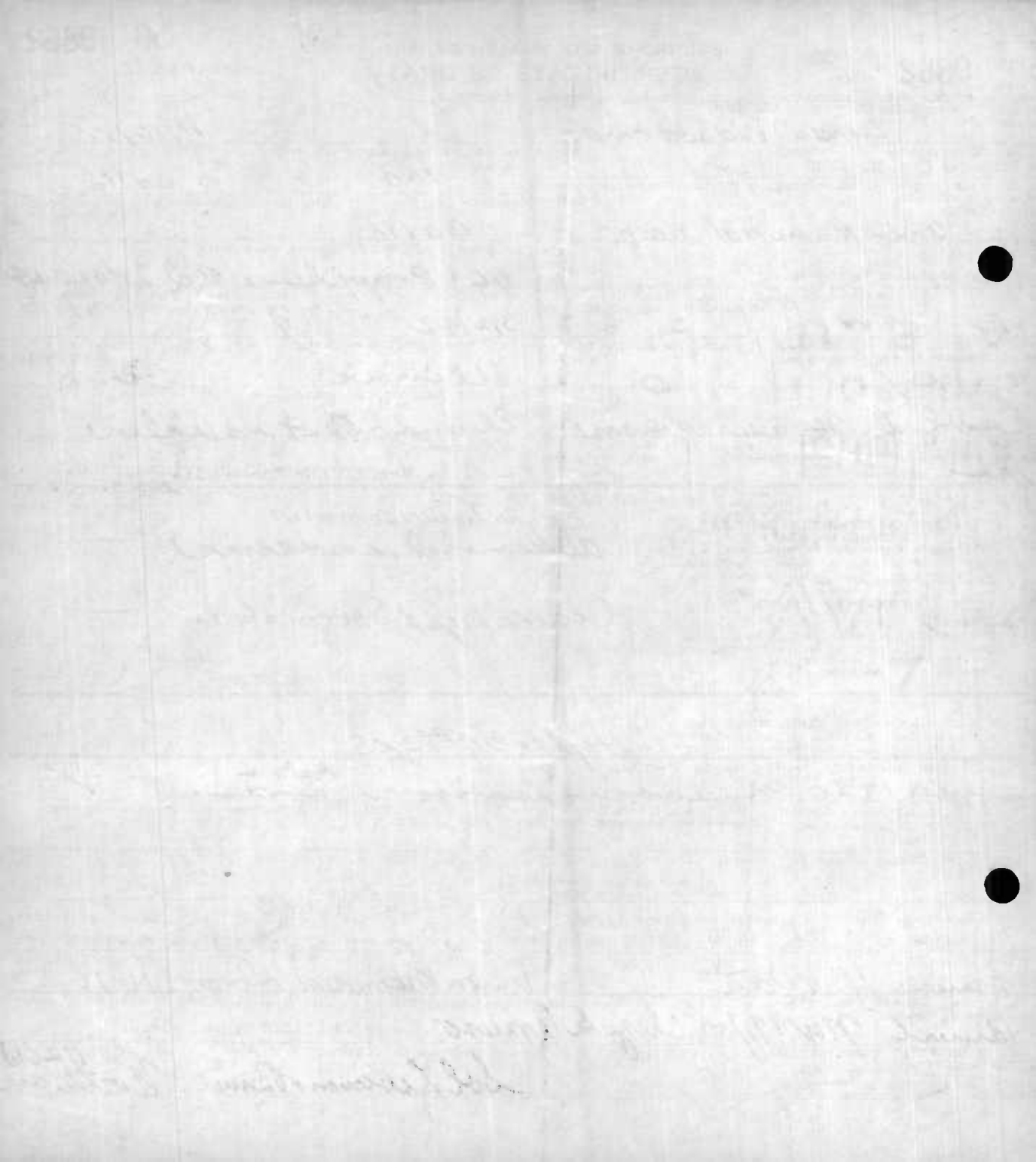
49063

0932



265
50 9862
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9862
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Suzanne Linda Wasserman</i>		2. DATE OF DEATH <i>11/16/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>✓</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 53-00</i> D. STREET ADDRESS (If rural, give location) <i>602 Providence Rd Towson</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>		8. DATE OF BIRTH <i>3/2/42</i>	
9. AGE (In years last birthday) <i>8</i>		10. Under 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Earl L Wasserman</i>		14. MOTHER'S MAIDEN NAME <i>Eleanor J Franklin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>0</i>	
17. INFORMANT <i>Earl R. Wasserman</i>		ADDRESS <i>602 Providence Rd. Towson, Md.</i>	
18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Broncho PNEUMONIA</i> (A) <i>abdominal sarcoma</i> DUE TO <i>Generalized SARCOMATOSIS</i> (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>HydroURETERS</i>			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <i>August 1950</i>		22. MAJOR FINDINGS OF OPERATION <i>neurogenic sarcoma</i>	
23. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Retrospect</i>	
25. TIME (Month) (Day) (Year) (Hour) INJURY <i>10/30</i>		26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
27. HOW DID INJURY OCCUR?		28. DATE SIGNED <i>11-16-50</i>	
29. SIGNATURE <i>Francis H. Warr</i>		30. ADDRESS <i>Union Memorial Hosp.</i>	
31. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		32. DATE <i>Nov 19/50</i>	
33. NAME OF CEMETERY OR CREMATORY <i>Chizuk Amuro</i>		34. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
35. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		36. FUNERAL DIRECTOR <i>Sol Lewinson & Bms.</i>	
37. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 17 1950</i>		38. ADDRESS <i>1126 W North ave</i>	



650
50 9863
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9863
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Barbara E. Bryan</u>		2. DATE OF DEATH <u>11/17/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>28-41</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
6. Length of stay in Baltimore <u>83</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3614 gwynn Oak Avenue</u>	
7. SEX <u>Female</u>	8. COLOR OR RACE <u>white</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	10. DATE OF BIRTH <u>10/25/1867</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. AGE (in years last birthday) <u>83</u>	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. FATHER'S NAME <u>Charles Erdman</u>		15. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
18. SOCIAL SECURITY NO.		19. MOTHER'S MAIDEN NAME <u>Emma Read</u>	
20. INFORMANT (Daughter) <u>Mrs. Anna House</u>		ADDRESS <u>as above</u>	

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Uremia - heart failure</u> DUE TO (B) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (C) <u>Hypertensive cardiovascular disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> " "
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Semility Adenoma Thyroid Bronchopneumonia</u>	
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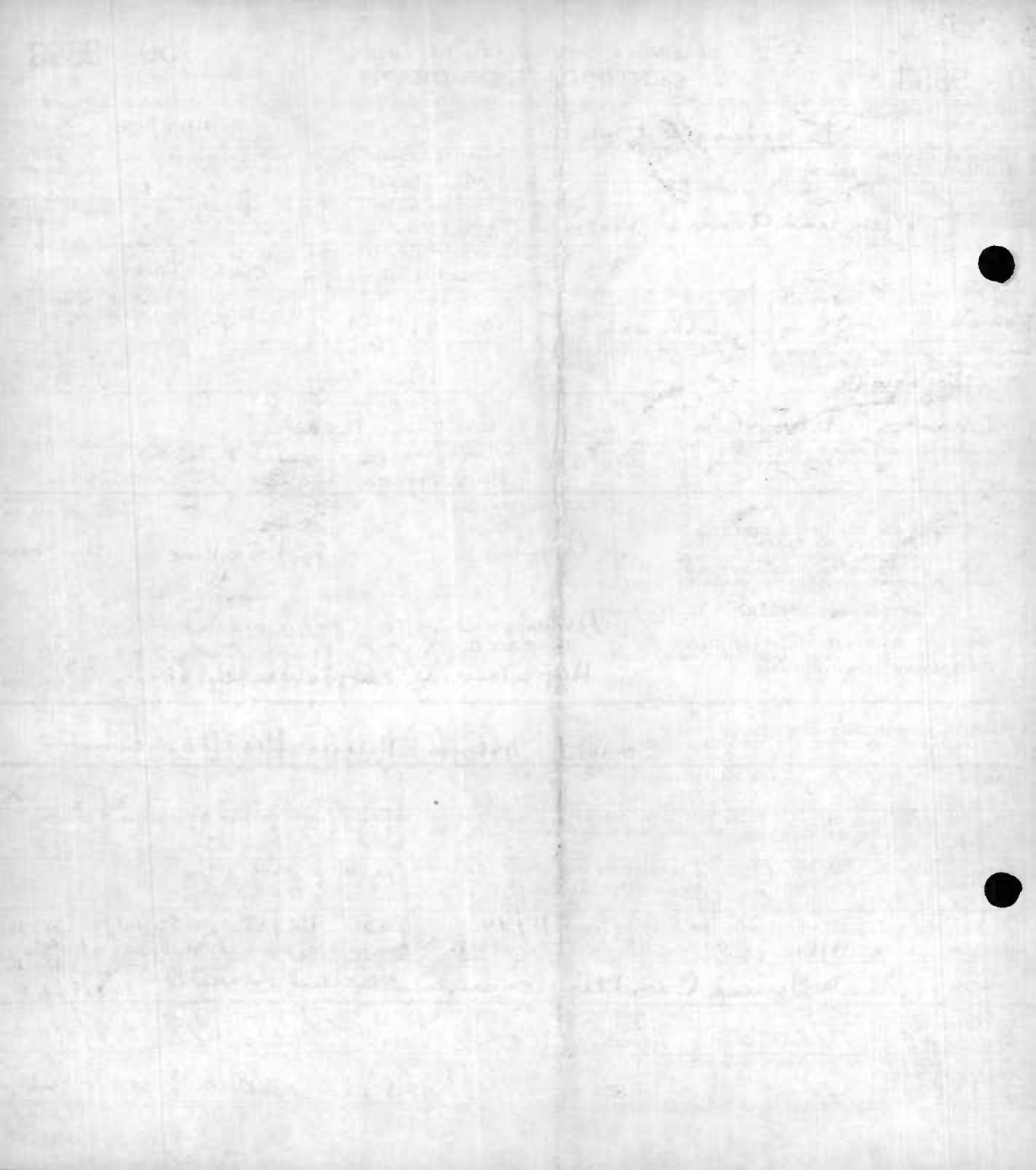
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1950 to 11/17, 1950 that I last saw the deceased alive on 11/17, 1950, and that death occurred at 11 35A m., from the causes and on the date stated above.

23A. SIGNATURE <u>Marguerite Louise Candler</u>	23B. ADDRESS <u>Maryland General Hospital</u>	23C. DATE SIGNED <u>11/17/50</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/20/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Wood Ridge Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>
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25. DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 18 1950</u>	REGISTRAR'S SIGNATURE <u>William J. Williams</u>	26. FUNERAL DIRECTOR <u>Wm. J. Dickens & Sons - Baltimore, Md.</u>	ADDRESS
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160
9864BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9864
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hopper, Mrs Bessie</i>		2. DATE OF DEATH <i>Nov. 16, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>700 W 40th ST</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Home for Incurables -</i> C. Length of stay in Baltimore <i>1 yr</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>700 W. 40th ST</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov 26, 1897</i>
9. AGE (in years last birthday) <i>62 -</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William A Lynch</i>		14. MOTHER'S MAIDEN NAME <i>Laura M. Holland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		17. INFORMANT <i>May 2. Wharton</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>357 X I</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Succession of Cerebral Hemorrhages</i> DUE TO <i>Hypertension (Essential)</i> (B) <i>Syngomyelia</i> DUE TO (C)	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 20</i> , 1945, to <i>Nov. 16</i> , 1950, that I last saw the deceased alive on <i>Nov. 16</i> , 1950, and that death occurred at <i>2:10</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas Conrad Wolf</i>		23B. ADDRESS <i>11 E. Chase St.</i>	
23C. DATE SIGNED <i>Nov. 18, 1950</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/18/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Prospect Hill Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Towson, Md.</i>	
25. FUNERAL DIRECTOR <i>Wm. J. Fickner & Sons</i>		ADDRESS <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1950</i>		VS 150	

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1850

03 Jan 1850

04 Jan 1850

05 Jan 1850

06 Jan 1850

07 Jan 1850

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09 Jan 1850

10 Jan 1850

11 Jan 1850

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01 Feb 1850

02 Feb 1850

03 Feb 1850

04 Feb 1850

160
50 9865
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9865

1. NAME OF DECEASED (Type or Print) HERBERT LEE WEAVER SR.		2. DATE OF DEATH Nov 17 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-01	
6. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 542 E. 38th St	
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22/1892
9. AGE (In years last birthday) 58		10. UNDER 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Eng. Construction		11. BIRTHPLACE (State or foreign country) Balto Md	
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME James R Weaver	
14. MOTHER'S MAIDEN NAME Ida Allen Rodd		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 219-073116		17. INFORMANT Elizabeth Q Weaver	
18. 420.1 and 011X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial Degeneration CAUSE OF DEATH Coronary Sclerosis INTERVAL BETWEEN ONSET AND DEATH 3 yrs.		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1 TB Ruptured Aneurysm 2 yrs.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1 TB Ruptured Aneurysm 2 yrs.		21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY	28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from 1-1-1947 to 11-17-50 , 19__, that I last saw the deceased alive on 10-12-50 , and that death occurred at 10:30 AM , from the causes and on the date stated above.			
31. SIGNATURE H. H. Hermann		32. ADDRESS 1710 E Baltimore St	33. DATE SIGNED 11-18-50
34A. BURIAL, CREMATION, REMOVAL (Specify) Burial	34B. DATE Nov 20 1950	34C. NAME OF CEMETERY OR CREMATORY Brit. Christ	34D. LOCATION (City, town, or county) (State) Balto., Ind
35. DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1950		36. REGISTRAR'S SIGNATURE William H. Jenkins	
37. FUNERAL DIRECTOR Henry H. Jenkins		38. ADDRESS 4905 York Rd	

Dr. Herrmann
1710 E. 33rd St
between 10 + 11 A.M.

600
50 9866
N.D. - 131108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9866

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Ann Gray

2. DATE
OF
DEATH

Nov. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

616 Park Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

June 4, 1869

9. AGE (In years
last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hugh Gray

14. MOTHER'S MAIDEN NAME

Rose Mellon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 420.1 and E903.5 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive Arteriosclerotic
Cardio Vascular DiseaseINTERVAL BETWEEN
ONSET AND DEATH

8 Hours

1 Year

15 Years

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

8-18-49

19B. MAJOR FINDINGS OF OPERATION

Fracture of the left Femur

William V. Lutz M.D.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

On Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR FOR ASST. MEDICAL EXAMINER.

Park Avenue

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

8-16-49

m.

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Fell on Street while stepping off curb

22. I hereby certify that I attended the deceased from 8-16, 1949 to 11-17, 1950, that I last saw the deceased alive on 11-17, 1950 and that death occurred at 8.05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Jenkins

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 18 1950

REGISTRAR'S SIGNATURE

H. W. Jenkins

25. FUNERAL DIRECTOR

H. W. Jenkins & Sons 4905 York Rd.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH
PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

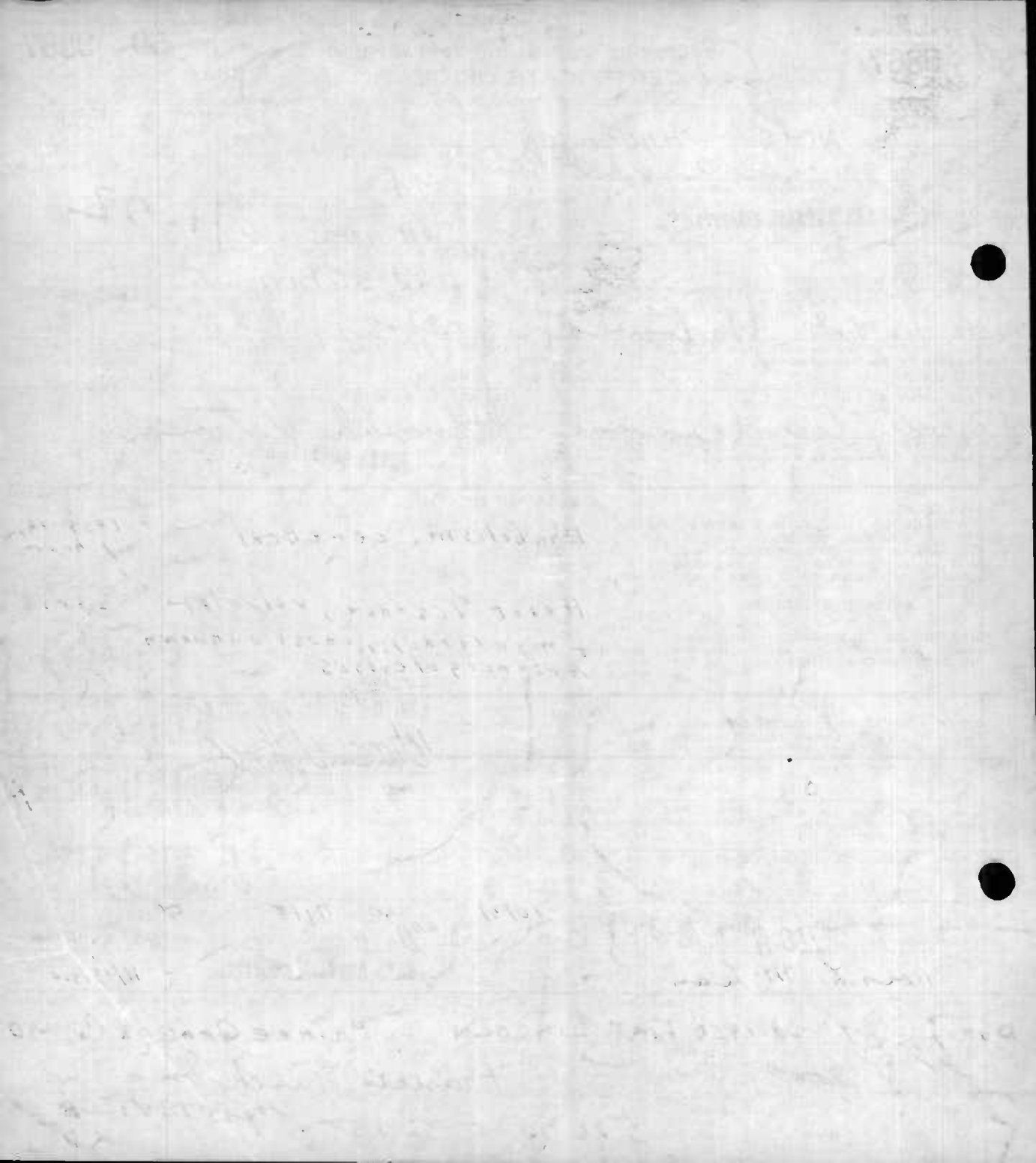
RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

MEDICAL CERTIFICATION				BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT				11-27-50				50 9867			
1. NAME OF DECEASED (Type or Print)								2. DATE OF DEATH											
Nels Anderson								NOV 18 1950											
3. PLACE OF DEATH:								4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)											
A. Baltimore City, Maryland								B. COUNTY											
5. FULL NAME OF (If not in hospital or institution, give street address or location)								C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)											
JOHNS HOPKINS HOSPITAL								Md. Baltimore 11-02											
6. LENGTH OF STAY IN BALTIMORE								D. STREET ADDRESS (If rural, give location)											
Yrs. Mos. Days								1120 ST. PAUL ST.											
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.							
male		white		Widowed		9-28-87		63											
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?							
Carpenter				Bureau of Standards				Sweden				U.S.A.							
13. FATHER'S NAME								14. MOTHER'S MAIDEN NAME											
Bent Anderson								Hannah Peterson											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				ADDRESS							
No				104-03-1394				JOHNS HOPKINS HOSPITAL											
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								CAUSE OF DEATH											
								Embolism, cerebral											
ANTECEDENT CAUSES								DUE TO											
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								(B) Heart disease, valvular + myocardial, cause unknown											
								(C) Arteriosclerosis											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								CERTIFICATION APPROVED BY											
								William J. [Signature]											
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?											
6								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)											
21D. TIME (Month) (Day) (Year) (Hour)				21E. INJURY OCCURRED				21F. HOW DID INJURY OCCUR?											
INJURY				WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>															
22. I hereby certify that I attended the deceased from 10/31 1950, to 11/18 1950, that I last saw the deceased alive on 11-18-50 and that death occurred at 4:00 AM., from the causes and on the date stated above.																			
23A. SIGNATURE						23B. ADDRESS				23C. DATE SIGNED									
Ross L. McLean						JOHNS HOPKINS HOSPITAL				11/18/50									
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)											
Burial		11-20-1950		FORT LINCOLN				PRINCE GEORGE CO. MD											
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR ADDRESS											
NOV 18 1950				[Signature]				Francis Gasch Sons											
VS 150																			
510 93 093d Hyattsville MD																			



520
9868
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 9868

Registered No.

1. NAME OF DECEASED (Type or Print)		BERTHA S. FINKS		2. DATE OF DEATH Nov. 16, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 748 Dolphin St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 748 Dolphin St.				Yrs. Mos. Days	
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH March 3, 1888	
13. FATHER'S NAME John Burk		11. BIRTHPLACE (State or foreign country) Maryland		9. AGE (In years last birthday) 62	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
17. INFORMANT Mr. Edward B. Finks		ADDRESS 748 Dolphin St.		14. MOTHER'S MAIDEN NAME Hattie Bacon	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus	
--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Dunsen M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 16, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-20-50		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1950		24F. REGISTRAR'S SIGNATURE Wm. H. Williams	

25. FUNERAL DIRECTOR Mrs. Frances T. Hensley		ADDRESS 578 W. Biddle St.	
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8088

10

COPIES OF DATA

1000



400
0 9869BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9869

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Hall

2. DATE
OF
DEATH

Nov 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

832 N. Fulton Ave.

Yrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX 7. COLOR OR RACE 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

Colored

Married

9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10. KIND OF BUSINESS OR INDUSTRY

RESTAURANT

11. FATHER'S NAME

Richard Hall

12. MOTHER'S MAIDEN NAME

Zenkner

13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

14. SOCIAL SECURITY NO.

15. INFORMANT

ADDRESS

Lally Hall 832 N. Fulton Ave.

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardio Vascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Senility

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Nov-1-50, 1950, to Nov-16, 1950, that I last saw the deceased alive on Nov-13, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23. SIGNATURE

S. B. Hughes

M. O.

23B. ADDRESS

413 S. Grand Ave. W. 1100

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

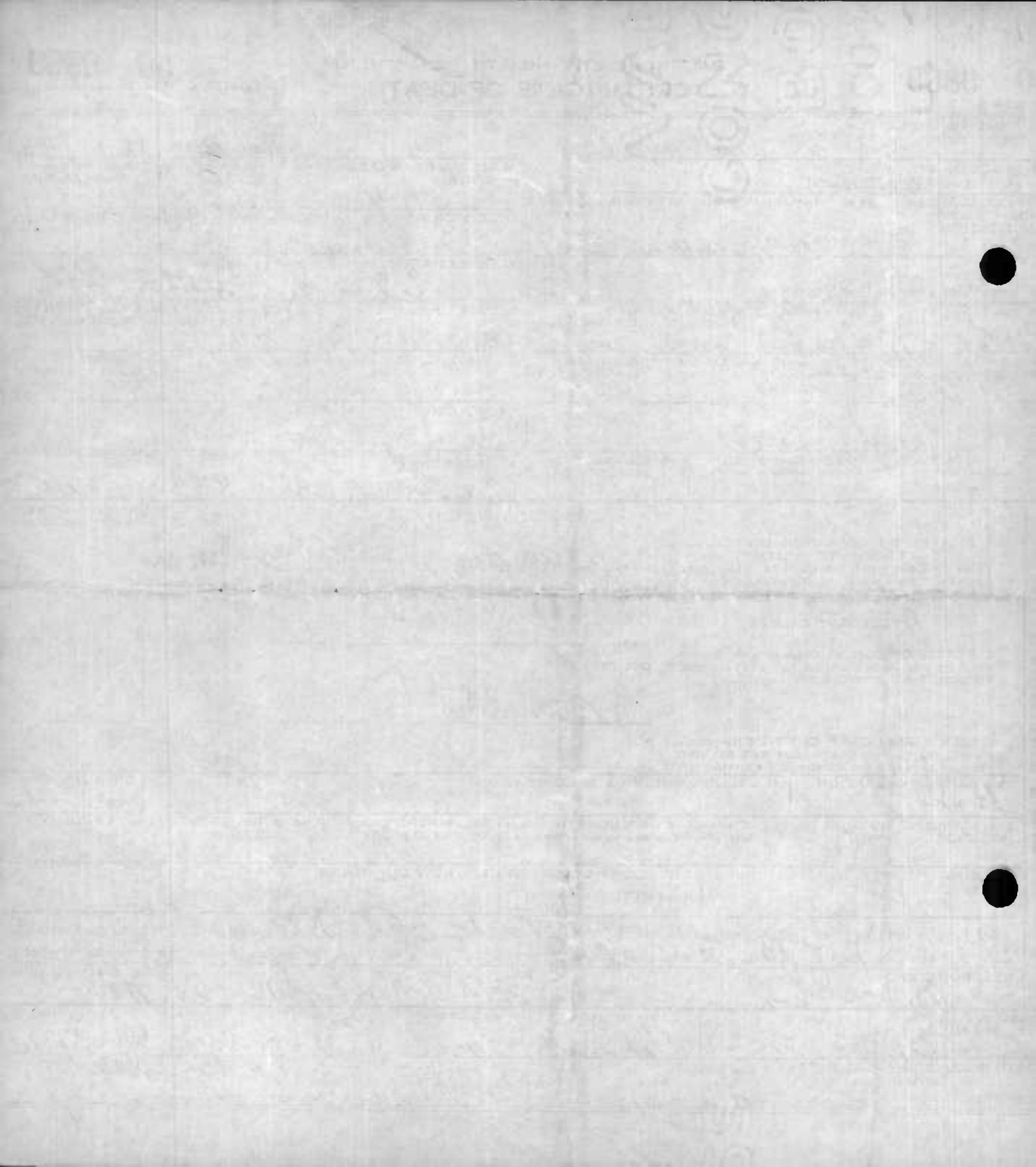
25. FUNERAL DIRECTOR

578 N. Pratt St.

NOV 18 1950

Huntington Williams

Mrs. Terence A. Hemmley



152
9870BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9870
Registered No.1. NAME OF DECEASED
(Type or Print)

MARY C. SZCZEPANIAK

2. DATE

OF DEATH November 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

409 S. Ann Street

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
409 S. Ann Street

6. Length of stay in Baltimore

69

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Household

8B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

John Bandoch

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
No11. SOCIAL SECURITY NO.
-

8. DATE OF BIRTH

January 28, 1871

9. AGE (in years last birthday)

79

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?
USA

13. MOTHER'S MAIDEN NAME

Elizabeth -----

14. INFORMANT

ADDRESS

Mr. Walter Szczepaniak, 409 S. Ann Street

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

(B) DUE TO

General Arteriosclerosis

5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4/49, 19, to 11/16/50, 19, that I last saw the deceased alive on 11/16/50, 19, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Solomon

M. D.

23B. ADDRESS

129 S. Broadway

23C. DATE SIGNED

11/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/50

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, State, and County)

Baltimore

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William L. Solomon

25. FUNERAL DIRECTOR

ADDRESS

M. F. Sadowski & Sons, 1808 Eastern Avenue

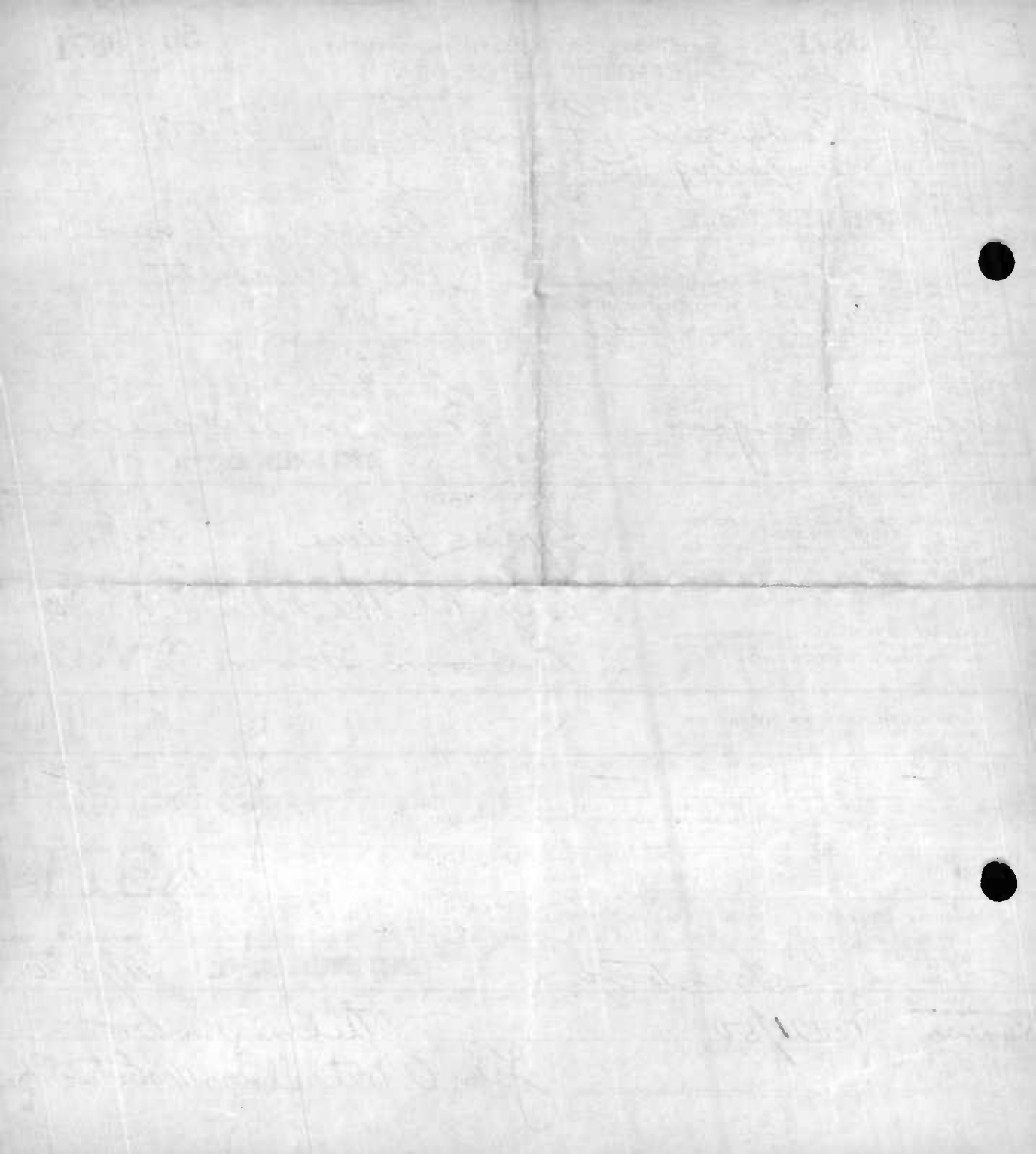
VS 150

093 d Charles D. Sadowski

Chlorine Injection
1/2

1/2
1/2

F. 2 50 9871		BALTIMORE CITY HEALTH DEPARTMENT		50 9871	
BIRTH NO. <i>K.R.</i>		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Edward Feagin</i>			2. DATE OF DEATH <i>Nov. 18, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>May 1st 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE <i>S.C.</i> B. COUNTY <i>V-37</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Aiken Box 202</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>112 Plunkett</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>4-8-48</i>	9. AGE (In years last birthday) <i>2</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>S.C.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Amos Feagin</i>			14. MOTHER'S MAIDEN NAME <i>Bernice Goldman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cardiac failure</i> DUE TO (B) <i>Congenital Heart Disease</i> DUE TO (C) <i>Pulmonic Stenosis (?)</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>2/</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-19-</i> , 19 <i>50</i> , to <i>11-18-</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11-18-</i> , 19 <i>50</i> , and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David C. Sabiston, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/18/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Nov 20/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Aiken S.C.</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>John O. Mitchell</i>		ADDRESS <i>1900 Eutaw Pl.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OV 19 1950</i>		REGISTRAR'S SIGNATURE			



G-652
50 9872

50 9872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Wylie

Crank

2. DATE
OF
DEATH

II/I6/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

528 N. Bond St

Yrs.
Mos.
Days

C. Length of stay in Baltimore

S. SEX

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

Proyer

Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

5/-5/1924

9. AGE (In years
last birthday)

26

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Chester S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Jessie

Sanders

17. INFORMANT

ADDRESS

Allen Crank 528 N. Bond St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

(B)
DUE TO

Myocarditis

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hyperemesis Gravidarum

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
m. WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1950, to 11/16, 1950, that I last saw the
deceased alive on 11/16, 1950, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

II/20/1950

Chester

Chester S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

VS 150

NOV 19 1950

0932

ad.

STATE OF

MASSACHUSETTS

CERTIFICATE OF DEATH

IN THE CITY OF BOSTON

[Faint, mostly illegible text and signatures follow, including what appears to be a signature at the bottom left.]

AB-143383

9873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9873

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin Dubose

2. DATE
OF
DEATH

11-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-01D. STREET ADDRESS (If rural, give location)
1116 Harlem Ave. zone 17

C. Length of stay in Baltimore 21yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married (Separated)

8. DATE OF BIRTH

Nov. 15-1906

9. AGE (In years last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PROP.

10B. KIND OF BUSINESS OR INDUSTRY

CONFECTIONARY (K)

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Prestel

14. MOTHER'S MAIDEN NAME

Louise Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

2-days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Bronchopneumonia

10-days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-1950, to 11-16-1950, that I last saw the deceased alive on 11-16-1950, and that death occurred at 3.10AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
4940 Eastern Ave.23C. DATE SIGNED
11-16-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Shipped
DATE RECEIVED BY
LOCAL REGISTRAR

Nor 18, 1950 Martin, Town

25. FUNERAL DIRECTOR

ADDRESS 322K

1973

CERTIFICATE OF DEATH

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82508
D-7020874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 9874

1. NAME OF DECEASED (Type or Print) <u>William Davis</u>		2. DATE OF DEATH <u>November 16, 1950</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Med. Cpl 4</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>md.</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JONES HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 7-04</u>	
6. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1740 E. Eager St.</u>	
7. SEX <u>Female</u>	8. COLOR OR RACE <u>Colored</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	10. DATE OF BIRTH <u>10-15-30</u>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laundress</u>		12. AGE (in years last birthday) <u>20</u>	
13. FATHER'S NAME <u>Oliver Davis</u>		14. BIRTHPLACE (State or foreign country) <u>Balts. md.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <u>Sally Seemore</u>	
19. INFORMANT <u>JONES HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>456x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Lupus Erythematosus</u> DUE TO <u>disseminated</u> INTERVAL BETWEEN ONSET AND DEATH <u>(over)</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-23</u> , 19 <u>50</u> to <u>11-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>50</u> , and that death occurred at <u>1020 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Hebert Langford</u>		23B. ADDRESS <u>JONES HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>11/17/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) <u>Safe Virginia</u>		24E. (State)		25. FUNERAL DIRECTOR <u>Miss Robert A. Elliott & Daugherty</u>	
24F. DATE RECEIVED BY LOCAL REGISTRAR		24G. REGISTRAR'S SIGNATURE <u>Hebert Langford</u>		24H. ADDRESS	

VS 150
643 8C
11297 Caroline St.
153

See Document File 50-9874

11/30/50

ES

50 9875

F-626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 9875

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Rose Freezer

2. DATE
OF
DEATH

11-18-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Levindale Aged Home

C. Length of stay in Baltimore

40 YRS.

D. SEX

Female

E. COLOR OR RACE

white

F. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

G. A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

H. B. KIND OF BUSINESS OR
INDUSTRY

none

I. FATHER'S NAME

unknown

J. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es, no or unknown) (If yes, give war or dates of service)

no

K. SOCIAL
SECURITY NO.

L. INFORMANT

ADDRESS

Levindale Aged Home - Belvedere & Greenspring

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive card. vessel. disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus, Paranoia.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 1-16, 1916, to 11-18, 1950, that I last saw the
deceased alive on 11-18, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome J. Blumberg

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

11-18-50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/50

24C. NAME OF CEMETERY OR CREMATORY

ohel Shalom Cemety, Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

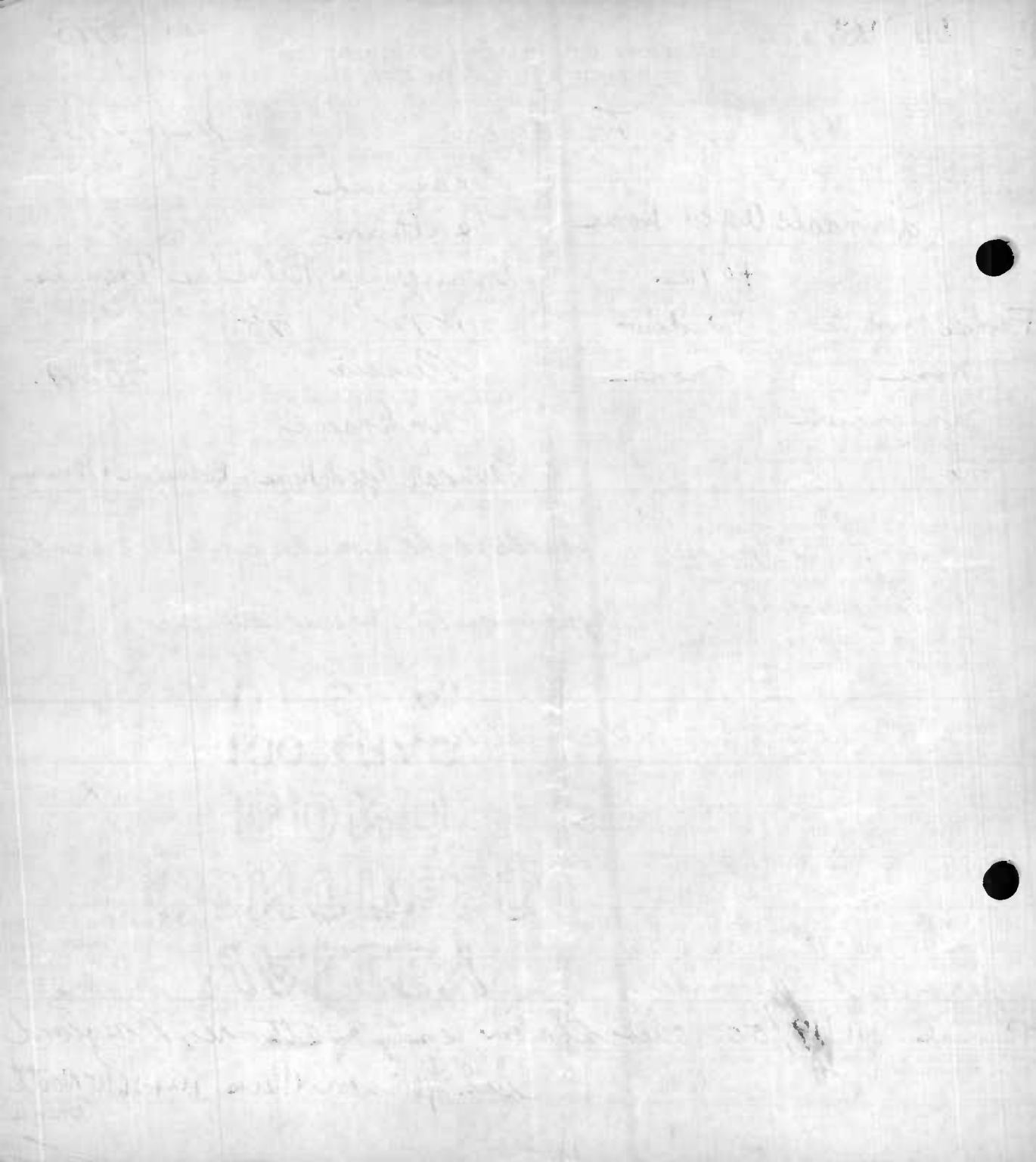
ADDRESS

Sol. Lincoln & Bros. 1124-26 W North
Avenue

OCT 19 1950

VS 450

061.0



V-242
50 9876BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 9876
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Elizah Nicholson</u>		2. DATE OF DEATH <u>November 14/1950</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Baltimore</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
6. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>1149 Fremont Ave.</u>	
7. SEX <u>male</u>	8. COLOR OR RACE <u>Colored</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	10. DATE OF BIRTH <u>4-7-83</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		12. AGE (in years last birthday) <u>67</u>	
13. FATHER'S NAME <u>George Nicholson</u>		14. BIRTHPLACE (State or foreign country) <u>Jessup, Md.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <u>Sophie Blue</u>	
19. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		20. ADDRESS	

18. <u>4-20-0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral thrombosis</u> DUE TO (A) <u>Cerebral thrombosis</u> (B) <u>Arteriosclerotic heart disease</u> (C) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>11-19-50</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-11-1950</u> , to <u>11-14-1950</u> , that I last saw the deceased alive on <u>11-14-1950</u> , and that death occurred at <u>10:30 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Victor G. McKusick</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>Nov. 16, '50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>11-19-1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Harwood</u>	
24D. LOCATION (City, town, or county) <u>Jessup Md.</u>		24E. STATE <u>Md.</u>		25. FUNERAL DIRECTOR <u>Mrs. Katie R. Wilkins</u>	
25. ADDRESS <u>82010 322 N. Schorder st.</u>		25. ADDRESS <u>0932</u>		25. ADDRESS	

IC *W-246*
143318 50-9877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9877
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isidore Wexler

2. DATE OF DEATH
Nov 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4136 Pimlico Road

C. Length of stay in Baltimore

3 1/2 Years

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

Dec. 7, 1881

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired shoe mfg

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gersan

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records BCH 4940 Eastern Avenue

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio Vascular Disease

15 Years

(C)

Diabetes mellitus
Renal Failure

10 Years

2 Days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1950 to Nov 19, 1950, that I last saw the deceased alive on Nov 19, 1950 and that death occurred at 5:40 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-19-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

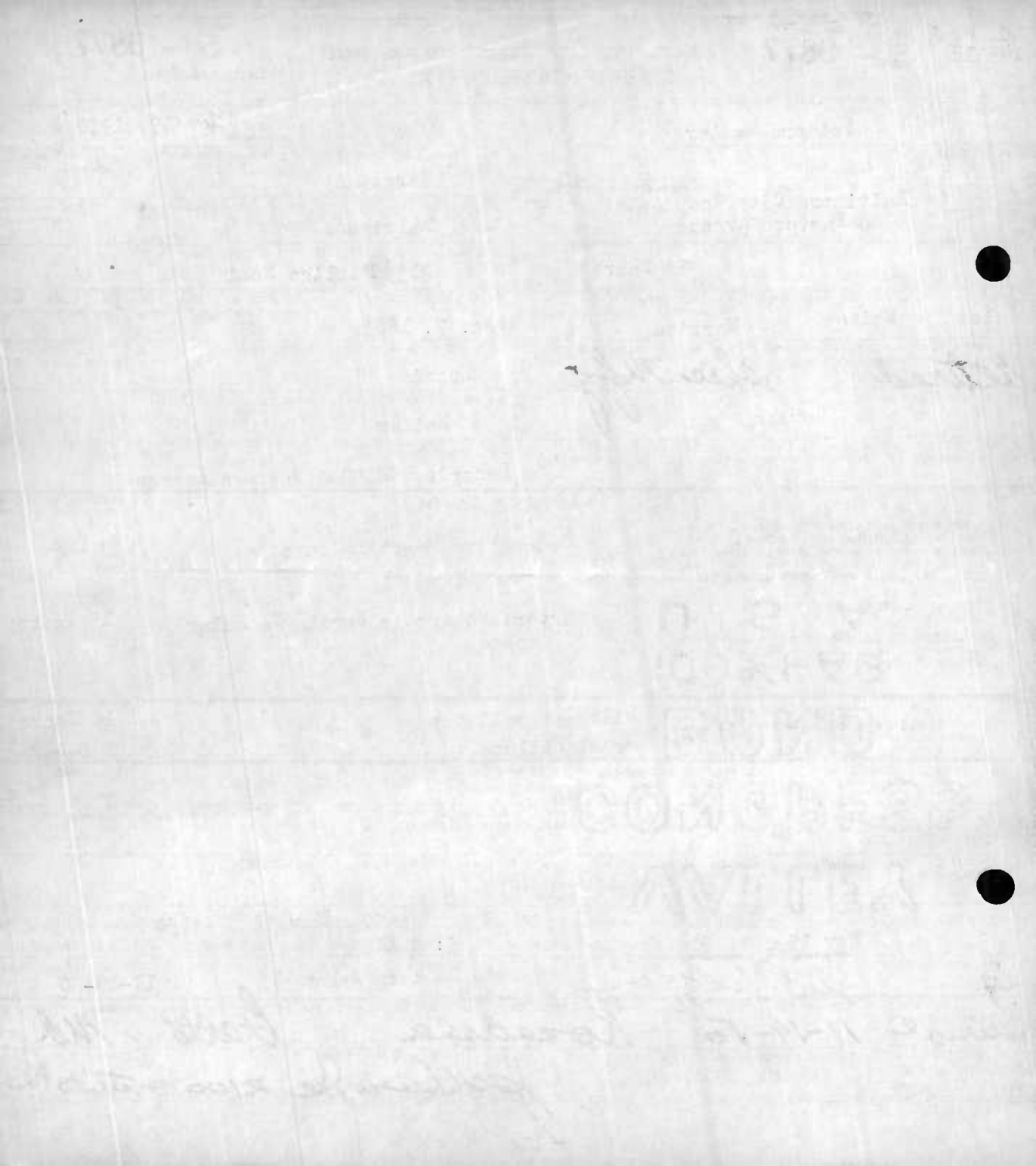
NOV 19 1950

VS 150

Jack Lewis Inc 2100 Cutlers Rd

2904W

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F-435
50-9878BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9878
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS FELDMAN

2. DATE
OF
DEATH

11-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

E. LENGTH OF STAY IN BALTIMORE

F. SEX

G. COLOR OR RACE

H. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

I. DATE OF BIRTH

J. AGE (In years
last birthday)

K. BIRTH PLACE (State or foreign country)

L. CITIZEN OF
WHAT COUNTRY?

M. FATHER'S NAME

N. MOTHER'S MAIDEN NAME

O. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)P. SOCIAL
SECURITY NO.

Q. INFORMANT

R. ADDRESS

S. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

T. ANTECEDENT CAUSES

U. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

V. DATE OF OPERATION

W. MAJOR FINDINGS OF OPERATION

X. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATHY. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)Z. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)AA. TIME (Month) (Day) (Year) (Hour)
OF INJURY

AB. INJURY OCCURRED

AC. HOW DID INJURY OCCUR?

AD. I hereby certify that I attended the deceased from
11-17-50, to 11-18-50 that I last saw the
deceased alive on 11-17-50, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

AE. SIGNATURE

AF. ADDRESS

AG. DATE SIGNED

AH. BURIAL, CREMA-
TION, REMOVAL (Specify)

AI. DATE

AJ. NAME OF CEMETERY OR CREMATORY

AK. LOCATION (City, town, or county)

AL. DATE RECEIVED BY
LOCAL REGISTRAR

AM. REGISTRAR'S SIGNATURE

AN. FUNERAL DIRECTOR

AO. ADDRESS

888

888

11-12-55

JAMES KENNEDY

1-1-56

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

K-640
50-9879BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9879
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Elizebeth Kruelle

2. DATE
OF
DEATH

November 16, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4515 Hampnett Av.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Geo. Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

4515 Hampnett Ave.

8. DATE OF BIRTH

Feb. 23

9. AGE (In years last birthday)

76

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Clara Rother

17. INFORMANT

ADDRESS

Mr. Carl Kruelle 4515 Hampnett Ave.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocarditis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart disease

(C)

Hypertension

15 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Severe kyphosis = curvature of spine

life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August, 1948 to Nov 16, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 19, 50

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Heemann 6067 Harford Rd.

NOV 19 1950

093d

Harlow
4706 Hwy Rt

H-555
50-9880BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9880
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILTON S. HEINEMAN

2. DATE
OF
DEATH

NOV. 12, 1950

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE, 17

6. STREET ADDRESS (If rural, give location)

TEMPLE GARDEN APARTMENTS

7. Length of stay in Baltimore

Yrs.
Mos.
Days

8. SEX

M

9. COLOR OR RACE

W

10. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

11. DATE OF BIRTH

SEPT. 29, 1878

12. AGE (in years
last birthday)

72

13. If Under 1 Year
Months: Days Hours Min.

1 19

14. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CIGAR DEALER

15. KIND OF BUSINESS OR
INDUSTRY

CIGAR INDUSTRY (M)

16. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

17. CITIZEN OF
WHAT COUNTRY?

U.S.A

18. FATHER'S NAME

SAMUEL HEINEMAN

19. MOTHER'S MAIDEN NAME

HENRIETTA SONNEBORN

20. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)21. SOCIAL
SECURITY NO.

22. INFORMANT

ADDRESS

PATIENT

23. 162X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of lungs c

DUE TO

Metastases to Pericardium +

ANTECEDENT CAUSES

(B) Adrenals

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☒ NO ☐27. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH28. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)29. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)30. TIME (Month) (Day) (Year) (Hour)
OF INJURY

31. INJURY OCCURRED

32. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐33. I hereby certify that I attended the deceased from Nov. 16, 1950, to Nov. 17, 1950, that I last saw the
deceased alive on Nov. 17, 1950, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

34. SIGNATURE

Richard Beach

35. ADDRESS

M. D.

Union Memorial Hosp.

36. DATE SIGNED

11-17-50

37. BURIAL, CREMA-
TION, REMOVAL (Specify)

38. DATE

Nov. 20, 1950

39. NAME OF CEMETERY OR CREMATORY

Arlington

40. LOCATION (City, town, or county) (State)

Baltimore

41. RECEIVED BY
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

43. FUNERAL DIRECTOR

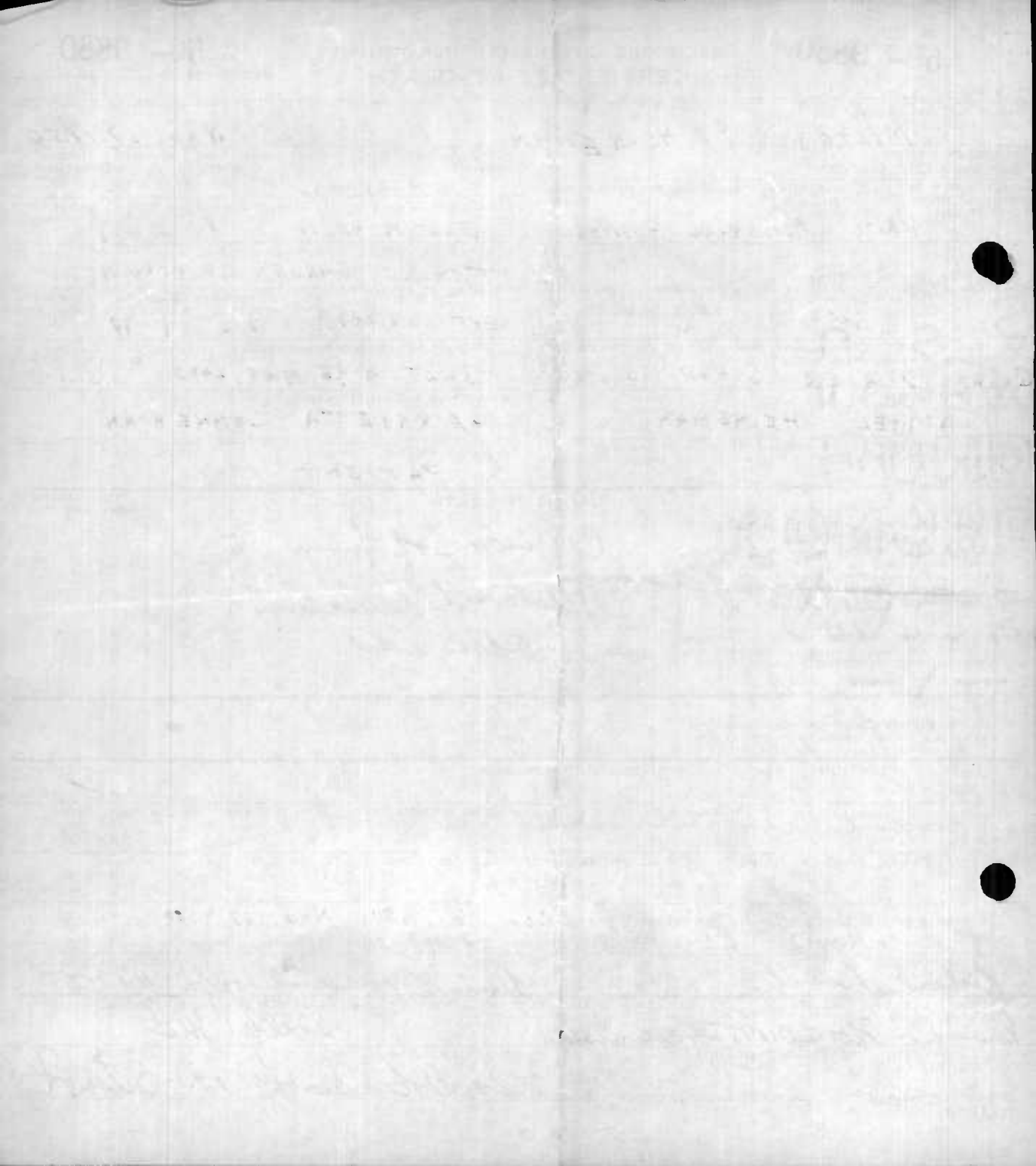
ADDRESS

David Woodbury 1902 Euter P.

NOV 19 1950

2904A

047d



C-145
50-9881BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9881
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH

COPELAND

2. DATE OF DEATH
Nov. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

D. Anesthetist

10B. KIND OF BUSINESS OR INDUSTRY

Balanced Bank

13. FATHER'S NAME

Freeman Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4206 Evans Chapel Rd.

8. DATE OF BIRTH

July 26, 1907

9. AGE (In years last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lattie F. Iggs

17. INFORMANT

Mr. Alton Copeland Evans Chapel

18. 443 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

IN.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 17, 1950

M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/19/50

24C. NAME OF CEMETERY OR CREMATORY

St. Luke's

24D. LOCATION (City, town, or county)

Preston, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 19 1950

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

Halland Funeral Home

ADDRESS

D. Hill Ave.

1911 July 26

Received of Mr. J. H. ...

the sum of ...

for ...

...

1911 July 26 ...
Received of Mr. J. H. ...
the sum of ...
for ...

Z-612-9883

50-9883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROL ZEARFOSS

2. DATE
OF
DEATH

NOV 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL 3

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

CARL ZEARFOSS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CLEONA "LEBANON Co."

D. STREET ADDRESS (If rural, give location)

136 E. MAPLE ST

8. DATE OF BIRTH

7-24-46

9. AGE (In years last birthday)

4 YRS

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Lebanon Co. Pa.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lucile Ebright

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease, Tetralogy of Fallot

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Congenital

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-9-50

19B. MAJOR FINDINGS OF OPERATION

Pulmonic stenosis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6-1950, to 11-18-1950, that I last saw the deceased alive on 11-18-1950, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Morrow

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal 1

24B. DATE

11/19/50

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemt.

24D. LOCATION (City, town, or county)

Annville Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 19 1950

REGISTRAR'S SIGNATURE

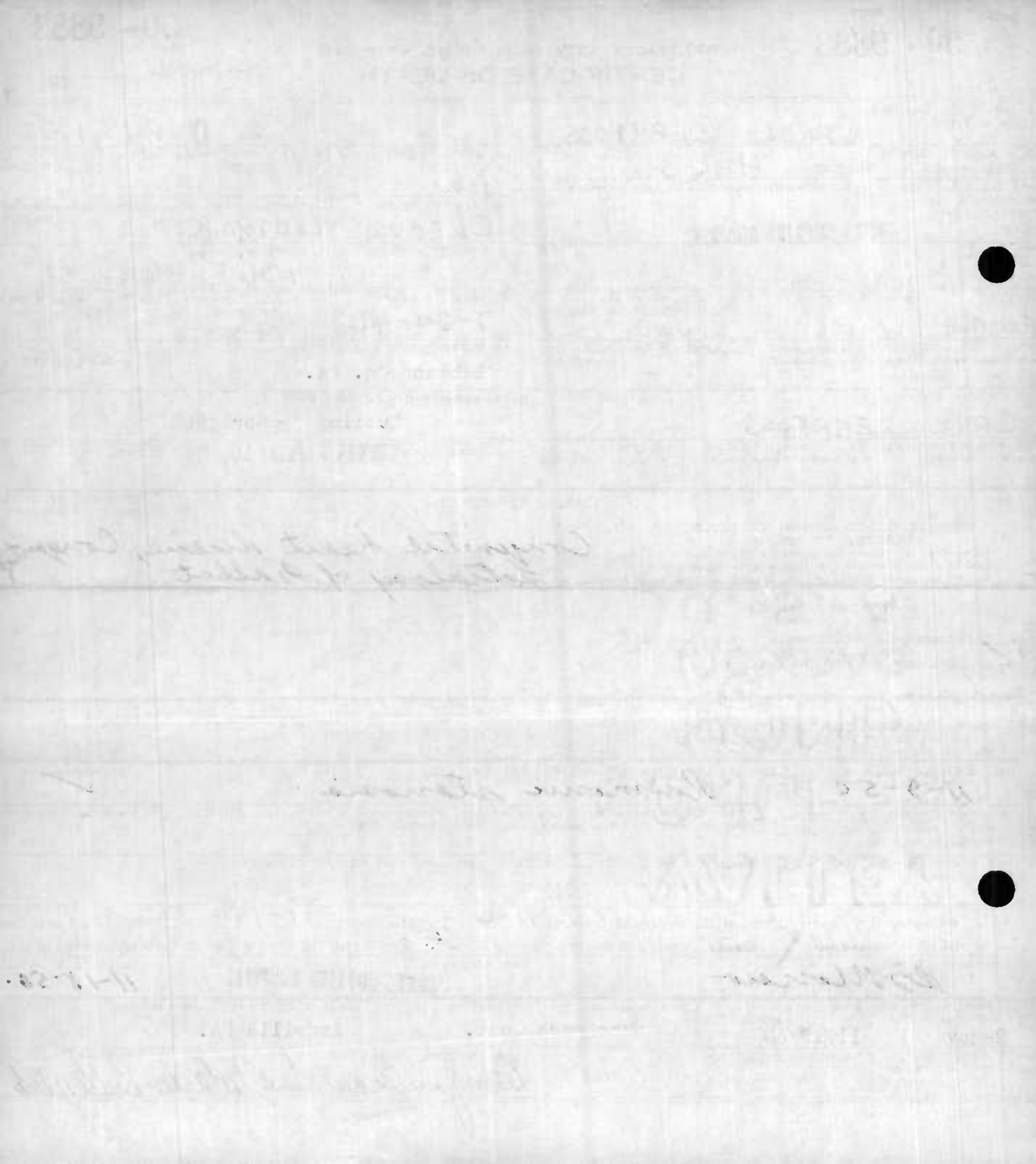
25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lickner, Sons, 7700 Ave. Baltimore, Md.

VS 150

1572



J-250
50-9882

CERTIFICATE CORRECTED 12-28-50
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9882
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John JACKSON		2. DATE OF DEATH Nov. 16, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1715 Madison Ave.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 31, 1902	9. AGE (In years last birthday) 50 47	H Under 1 Year Months: Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur Wholesale Hardware		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montgomery Co. Md.	
13. FATHER'S NAME George Jackson		14. MOTHER'S MAIDEN NAME Florence Groves			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Arneardia ADDRESS 1715 Madison Ave.	
18. 022 X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Leutic aneurysm of aorta with rupture into the pericardium			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Smith		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 16, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11/20/50	24C. NAME OF CEMETERY OR CREMATORY Family Plot		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 68364 030d 1631 Druind Hill Ave.	

15-0885

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF CALIFORNIA

15-1885

Dec 31/11

Cherry Hill, Los Angeles Co. Cal.

1. Name of Person: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of Birth: [illegible]
5. Place of Birth: [illegible]
6. Date of Death: [illegible]
7. Cause of Death: [illegible]
8. Manner of Death: [illegible]
9. Signature: [illegible]
10. Date: [illegible]

12-31-11 10/20/11 11/20/11

11/20/11 11/20/11

11/20/11 11/20/11

W-452
50-9884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9884
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. Frances Williams

2. DATE
OF
DEATH

11-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/7/69

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gustav W. Luzzman

14. MOTHER'S MAIDEN NAME

Elizabeth Cooke Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Forney M. Williams

ADDRESS

Ellicott City Md

18. 493X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

(B) Bacteremia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

4 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

arthritis

12 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-14-50, 19, to 11-18-50, 19, that I last saw the deceased alive on 11-18-50, 19, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Bowman

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

11/20/50

Greenmount Baltimore, Md.
Eaton Sons Catonsville Md.

109.0

M-532

50-9887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9887

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GAETANO MANTEGNA		2. DATE OF DEATH Nov. 17 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1644 Normal Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-05	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1644 Normal Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15 1887
9. AGE (In years, last birthday) 63		10. Under 1 Year Months: 9 Days: 2	11. Under 24 hours Hours: 2 Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10B. KIND OF BUSINESS OR INDUSTRY Stewart Dep. Store	
11. BIRTHPLACE (State or foreign country) Calascibetta Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Pietro Mantegna		14. MOTHER'S MAIDEN NAME Daniela Rindone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-01-2506	
17. INFORMANT Marian Mantegna (Wife)		ADDRESS 1644 Normal Ave	

18. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach (A) DUE TO _____	CAUSE OF DEATH Carcinoma of Stomach	INTERVAL BETWEEN ONSET AND DEATH 6 mo?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Metastases to liver		4 mo?

19A. DATE OF OPERATION August 1950	19B. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of stomach to metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to Nov 17, 1950, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at 6:14 m., from the causes and on the date stated above.

23A. SIGNATURE W. B. Shaworth M.D.	23B. ADDRESS 1129 St Paul St	23C. DATE SIGNED 11-17-50
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 13/1950	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.
--	----------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1950	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR Francis Della Lora	ADDRESS 322 S. High St.
--	---	---	-----------------------------------

505 6C

046 L

MEDICAL CERTIFICATION

50-8887

50-8887

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

NOV 17 1950

WASHINGTON, D.C.

TO :

FROM :

SUBJECT :

RE :

DATE :

TIME :

BY :

FOR :

FILE :

REFERENCE :

CONGRESS
VALLEY

APPROVED AND FORWARDED: [Signature] SPECIAL AGENT IN CHARGE

INVESTIGATIVE DIVISION

50- 9886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9886
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Jones

2. DATE
OF
DEATHNov 16
1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

C. Length of stay in Baltimore

3 weeks

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female Col. Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

PRIVATE

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 3-01

D. STREET ADDRESS (If rural, give location)

228 Howard St.

8. DATE OF BIRTH

Unknown April 61

9. AGE (in years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Edema Lungs

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Myocarditis

DUE TO

1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio Sclerosis

6 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950, to Nov 16, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

C. G. Hall

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

Nov 16 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A. A. County Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Robert L. Grady

ADDRESS

1532 E. Monument St

NOV 19 1950

William H. Williams

764 8B

093d

T-260885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-9885

IRTH NO.

NAME OF DECEASED
(Type or Print)

LOWELL R. TUCKER

2. DATE
OF
DEATH

NOV 18, 1950

PLACE OF DEATH:

Baltimore City, Maryland HAL 5.

FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Kentucky

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SULLIVAN

D. STREET ADDRESS (If rural, give location)

Rural - Sullivan Kt.

Length of stay in Baltimore

24

Yrs.
Mos.
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MALE

White

SINGLE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Scholarship Boy

10B. KIND OF BUSINESS OR INDUSTRY

3. FATHER'S NAME

BASIL C. TUCKER

5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18. 754.51

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coarctation of Aorta

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Congenital

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hemorrhage, Sec. to Operation for I.

17d.

19A. DATE OF OPERATION

10-29-50

19B. MAJOR FINDINGS OF OPERATION

Coarctation of aorta

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1950, to 11-18, 1950, that I last saw the deceased alive on 11-18, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. S. Morrow

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

Nov-19-50

24C. NAME OF CEMETERY OR CREMATORY

Sullivan

24D. LOCATION (City, town, or county)

Sullivan Kentucky

(State)

REGISTRAR'S SIGNATURE

Morrow

25. FUNERAL DIRECTOR

E. S. Morrow

ADDRESS

1403 - E. 25th St

1572

NOV 19 1950

VS 150

50- 9888

F-620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9888

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CLARENCE E. FROCK

2. DATE
OF
DEATH

NOV 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)817 E-41st ST.Yrs.
Mos.
Days

C. Length of stay in Baltimore

LIFE

5. SEX

MALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRYELECTRICIAN -
CONG. LIBRARY

13. FATHER'S NAME

GEORGE FROCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

MAY 14, 1887

9. AGE (In years
last birthday)

63

11. Under 1 Year
Months Days12. Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

CHARLOTTE E. KUEHNE - 817 E 41st ST.

18.

163X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of lung

INTERVAL BETWEEN
ONSET AND DEATH

1 YR.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1950 to Nov. 17, 1950, that I last saw the
deceased alive on Nov. 16, 1950, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Taylor

M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Nov. 18, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

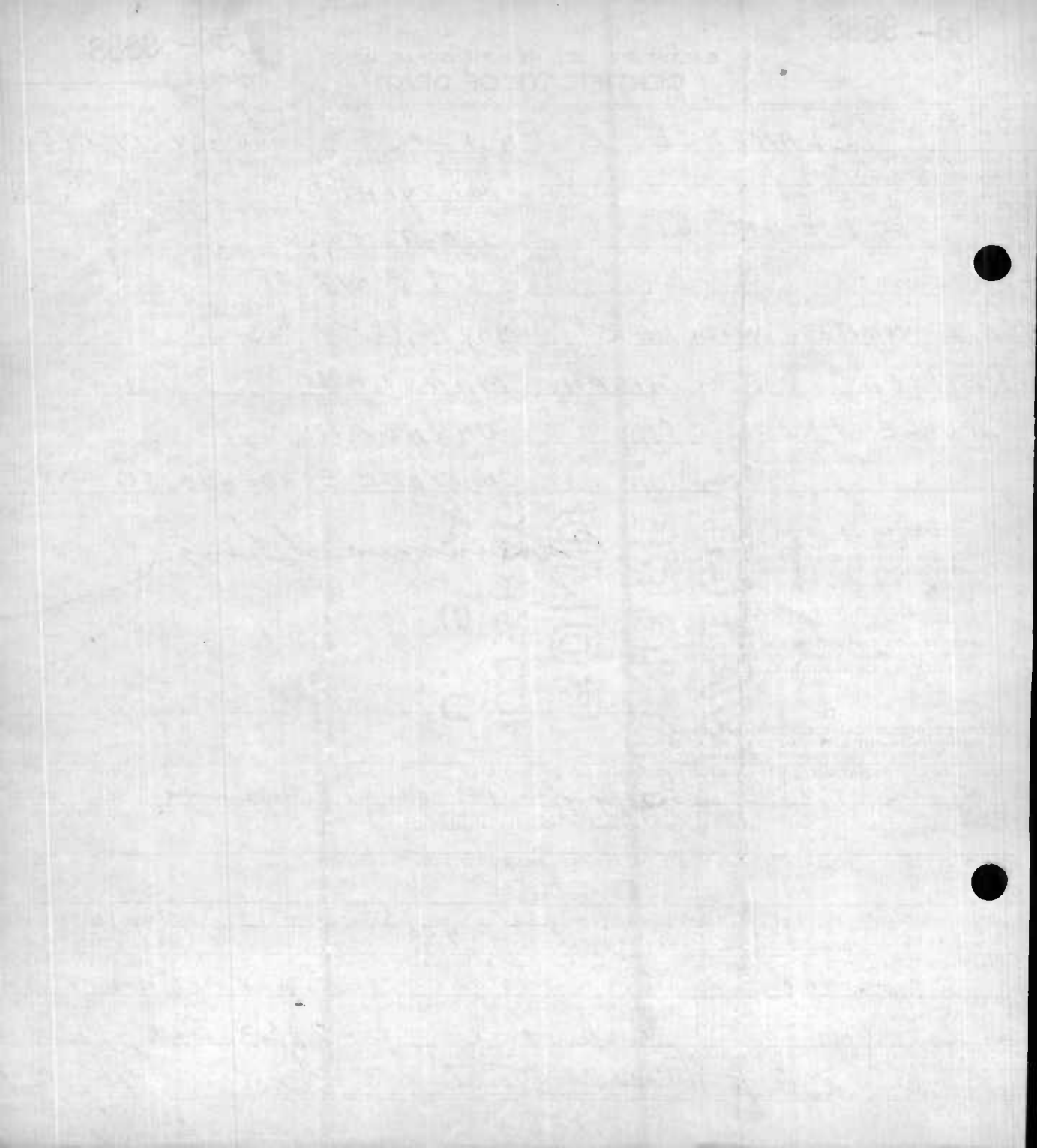
Nov 19, 1950

Wilmington Williams, M.D.

Austin E. Donovan - 3818 Roland

515 8V

047d



T-435
50-9889BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50-9889
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George FRANKLIN TILDON

2. DATE
OF
DEATH

11/19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 25, 1876

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: Days

11

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Teacher

13. FATHER'S NAME

Henry Tildon

11. BIRTHPLACE (State or foreign country)

Aberdeen

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

220-03-60989

17. INFORMANT

Daughter

ADDRESS

same

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCardiac Failure
(embolism)INTERVAL BETWEEN
ONSET AND DEATH

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Coronary Atherosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/17/50

19B. MAJOR FINDINGS OF OPERATION

Coronary Atherosclerosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/50, 1950, to 11/19/50, 1950, that I last saw the deceased alive on 11/19/50, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Verro

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

11/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 22, 1950

24C. NAME OF CEMETERY OR CREMATORY

Union Mt. Cem. & Crematory

24D. LOCATION (City, town, or county) (State)

Aberdeen Harford Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

Henry J. Harris and Sons

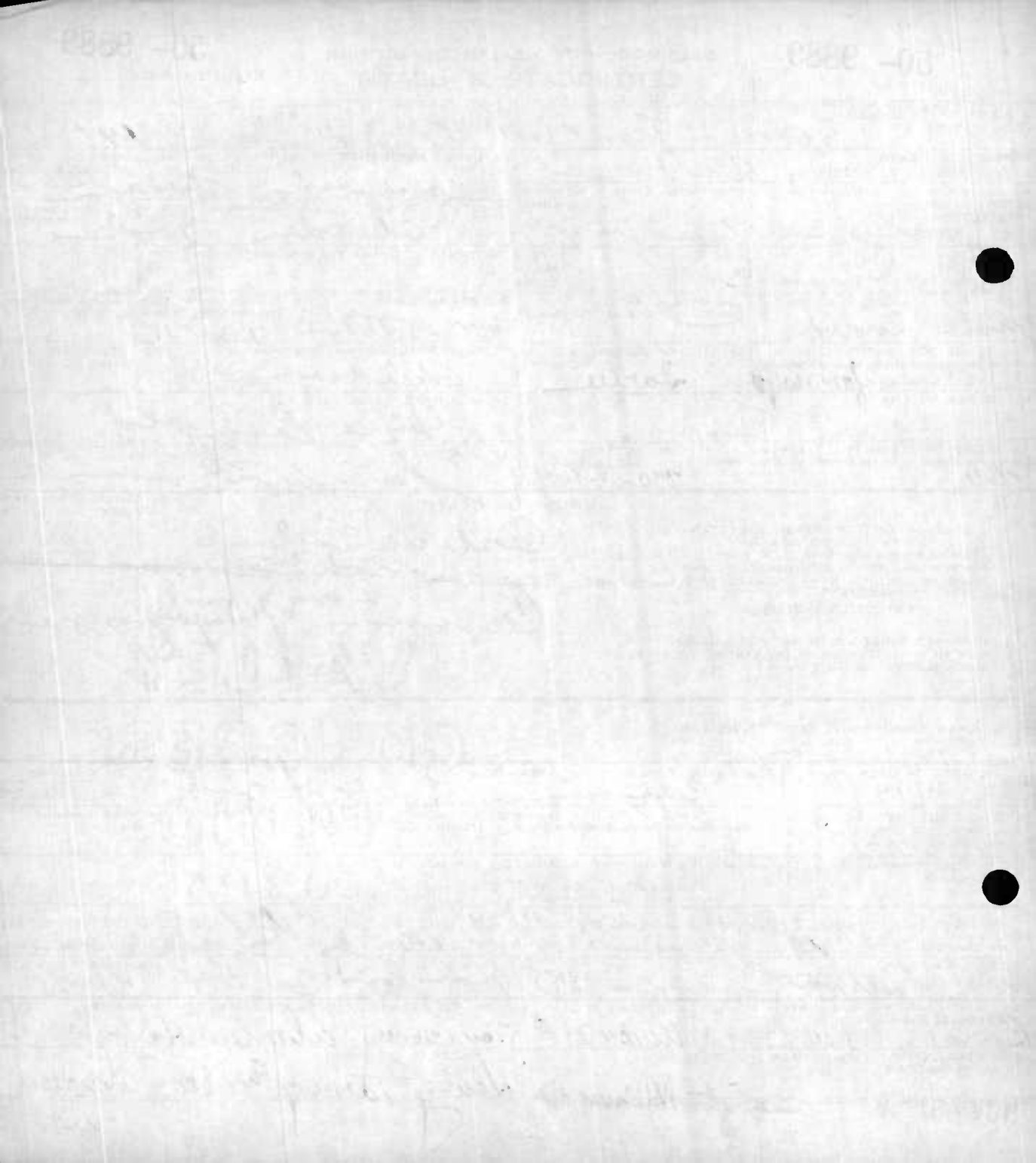
ADDRESS

Aberdeen

NOV 15 1950

82010

046a md.



B-260
50-9890BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9890
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wendel Besser

2. DATE
OF
DEATH

Nov. 17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

704 W. Hamburg St.

C. Length of stay in Baltimore

43 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

13. FATHER'S NAME

Besser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elsie Miller, 704 W. Hamburg St.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 4:47 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1950

VS 150

Wilmington Williams, M.D.

501 50

Harry Whitte

4101 Edmondson Ave.

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50- 9891

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9891

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA MAE DAIL

2. DATE
OF
DEATH

NOVEMBER 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

35 yrs.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norfolk va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

7

14. MOTHER'S MAIDEN NAME

7

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Norris Dail 628 W. Fairmount Ave

18. 023X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Pulmonary Edema

DUE TO

5 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Lucetic Aortitis

DUE TO

20 years

(C) Mitral insufficiency

20 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Left Ventricular Dilatation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from Nov. 15, 1950 to Nov. 15, 1950 that I last saw the
deceased alive on Nov. 15, 1950 and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Henderson M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Nov 21

not Calvary

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

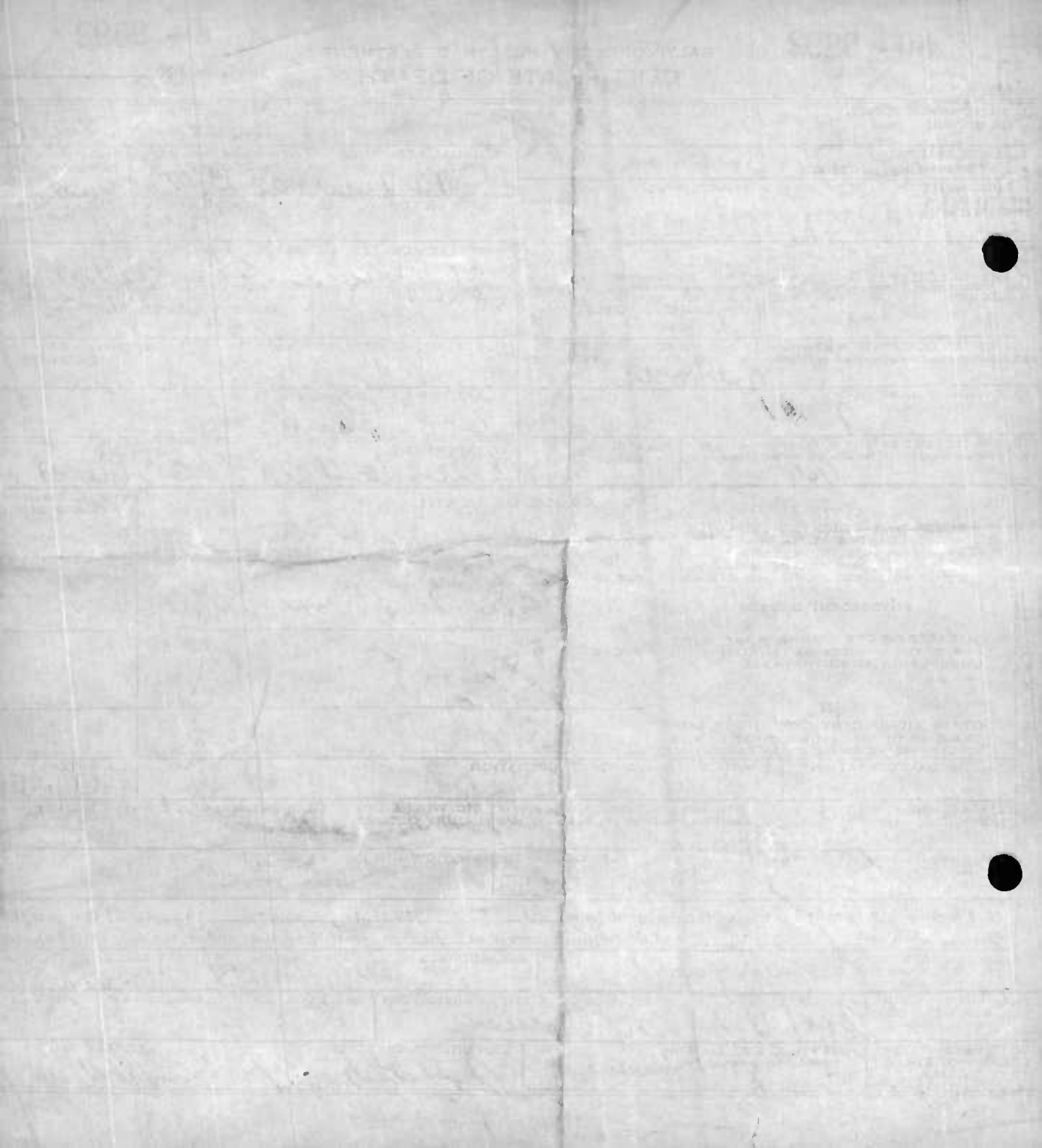
NOV 20 1950

Huntington Williams, M.D.

R. H. Halsey 9182nd St

H-400 50-9892
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9892
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Herbert Hall Sr</i>		2. DATE OF DEATH <i>Nov. 18. 50. 1:30pm</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>15-01</i>	
c. Length of stay in Baltimore Yrs. <i>32</i> Mos. <i>0</i> Days <i>0</i>		d. STREET ADDRESS (If rural, give location) <i>802 Vine St Baltimore</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Labour - General</i>	9. AGE (In years last birthday) <i>45</i>
13. FATHER'S NAME <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>?</i>	14. MOTHER'S MAIDEN NAME <i>Loa Chew</i>
17. INFORMANT <i>Levenia Hall</i>		ADDRESS <i>802 Vine St.</i>	
18. <i>540.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>diffuse peritonitis</i> DUE TO ANTECEDENT CAUSES <i>Perforated stomach ulcer</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 18, 1950</i> , to <i>Nov. 18, 1950</i> , that I last saw the deceased alive on <i>Nov. 18, 1950</i> , and that death occurred at <i>1:30 P.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>A K Olackovich</i>		23b. ADDRESS <i>Mercy Hospital</i>	
23c. DATE SIGNED <i>Nov 18 50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Boys 22</i>		24b. DATE <i>Nov 22</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>not Calvary</i>		24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 20 1950</i>		25. FUNERAL DIRECTOR <i>A Halstead</i>	
REGISTER'S SIGNATURE <i>Wilmington Williams, M.D.</i>		ADDRESS <i>918 South Hill Ave</i>	



50- 9893

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9893

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Trautner

2. DATE
OF
DEATH

11-17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Md. Gen. Hosp.

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

Yrs.
Mos.
Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Storekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Grocery (R)

13. FATHER'S NAME

John Trautner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balt

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2010 E. Lafayette Ave #13

8. DATE OF BIRTH

4-24-83

9. AGE (in years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rose Roessler

17. INFORMANT

ADDRESS

Mrs Anna L. Sippel 2010 E. Lafayette

18. 561.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes, Hemip

19A. DATE OF OPERATION

11-14-50

19B. MAJOR FINDINGS OF OPERATION

Strangulated Hernia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1950 to 11-17, 1950, that I last saw the deceased alive on 11-17, 1950 and that death occurred at 5:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Buder

23B. ADDRESS

M. D.

Md. Gen. Hosp.

23C. DATE SIGNED

11-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11/21/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Mosey

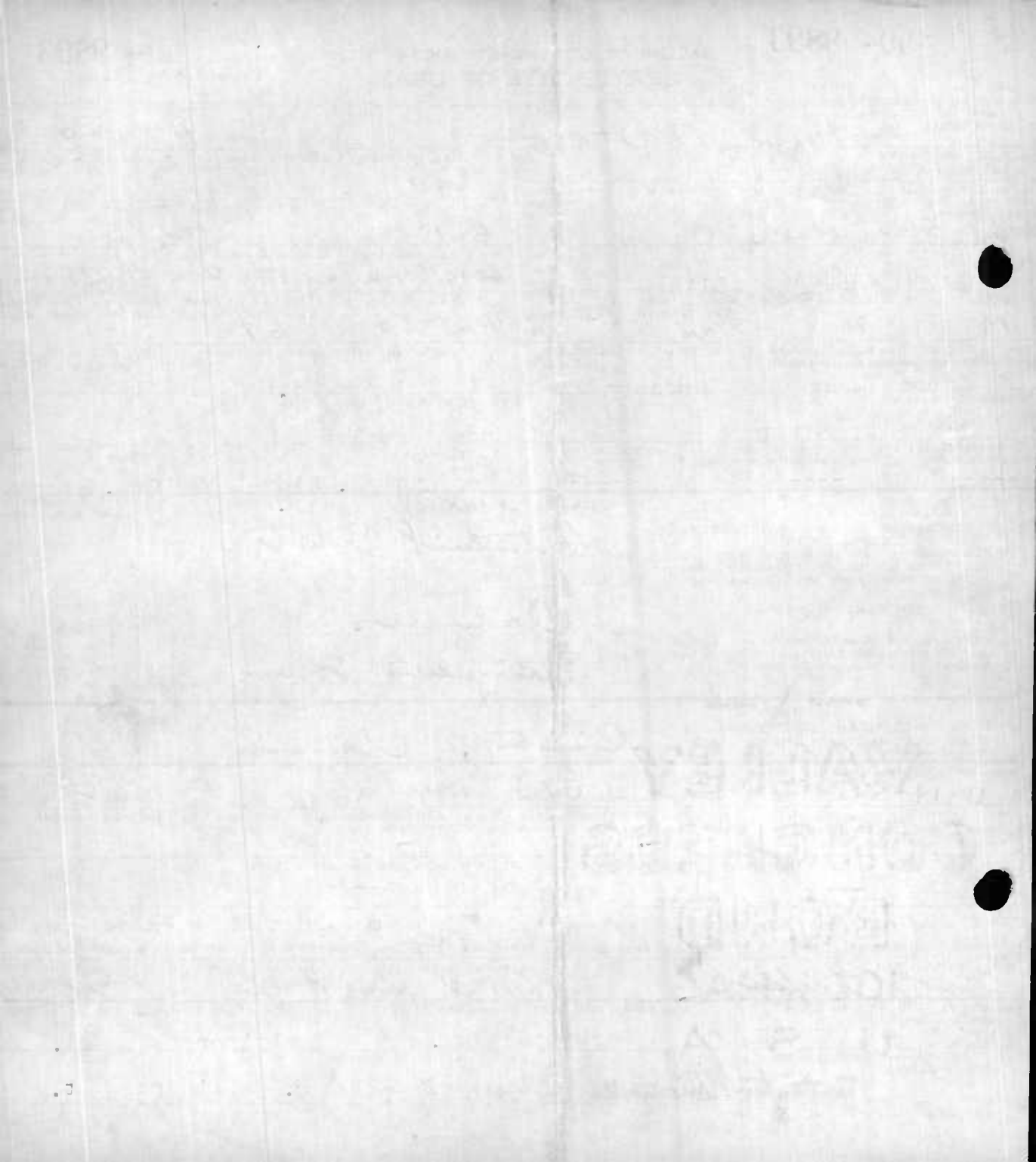
ADDRESS

1000 E. Baltimore St.

VS 150

2906A

1222



550
50- 9894HONAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9894

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Ann J. Honan			2. DATE OF DEATH Nov. 17, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			5. CITY OR TOWN Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2511 Eastern Ave.			D. STREET ADDRESS (If rural, give location) 2511 Eastern Ave.			6. LENGTH OF STAY IN BALTIMORE 60 years		
5. SEX Female			6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY Housework			8. DATE OF BIRTH March 1876		
13. FATHER'S NAME William Honan			14. MOTHER'S MAIDEN NAME Mary Lyons			9. AGE (In years last birthday) 74		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none			16. SOCIAL SECURITY NO. none			17. INFORMANT Miss Annie Honan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none			16. SOCIAL SECURITY NO. none			ADDRESS 2511 Eastern Ave.		

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Hypertension Cordis Vasculum-Renal Disease			
DUE TO		(B) Trauma Anemia			
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

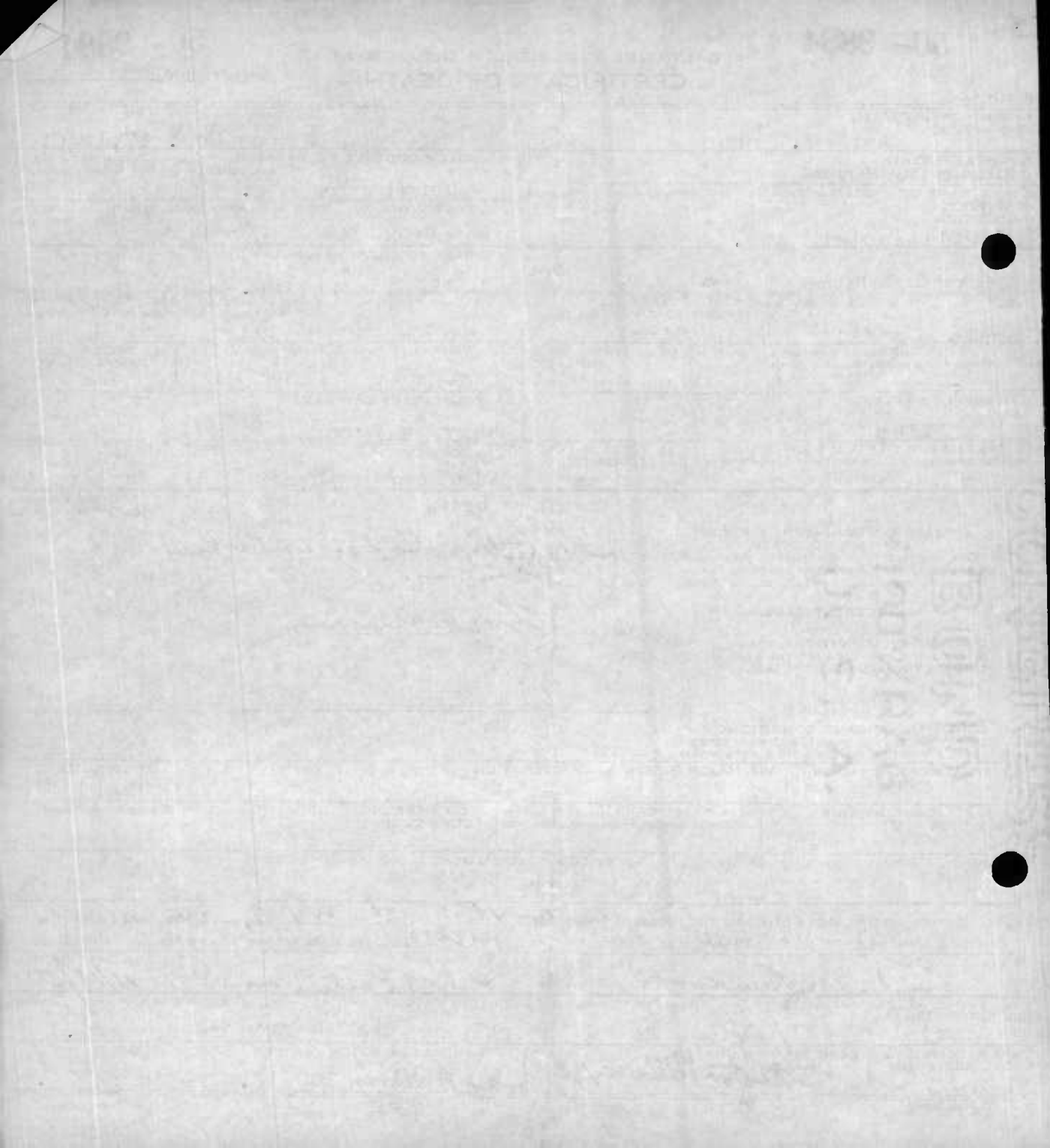
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 10, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Andrew S. Sussman		23B. ADDRESS 2511 Eastern Ave.		23C. DATE SIGNED 11/18/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/20/50		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR 11/20/50	
24G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24H. FUNERAL DIRECTOR John A. Moran		24I. ADDRESS 3000 E. Baltimore St.	

VS 150

720 FA

MSZ

131. d



350

50- 9895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9895
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret V. Stone

2. DATE
OF
DEATH

Nov. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

27th Carey St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Good Samaritan Home

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug 29, 1875

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days

2 20

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. FATHER'S NAME

Jerome Burke Balto Md

14. MOTHER'S MAIDEN NAME

Ellen Marynne Balto Md

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mrs A. L. Wilf Jr 1606 N. Chester St

ADDRESS

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Coronary thrombosis
DUE TO Atherosclerotic &
(B) Hypertensive cardio-vascular
DUE TO Atherosclerotic
myocardial degeneration
(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 31 Oct, 1950, to 18 Nov, 1950, that I last saw the
deceased alive on 17 Nov, 1950, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Hemming M.D.

23B. ADDRESS

601 W. Union Bay

23C. DATE SIGNED

18 Nov 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1950

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

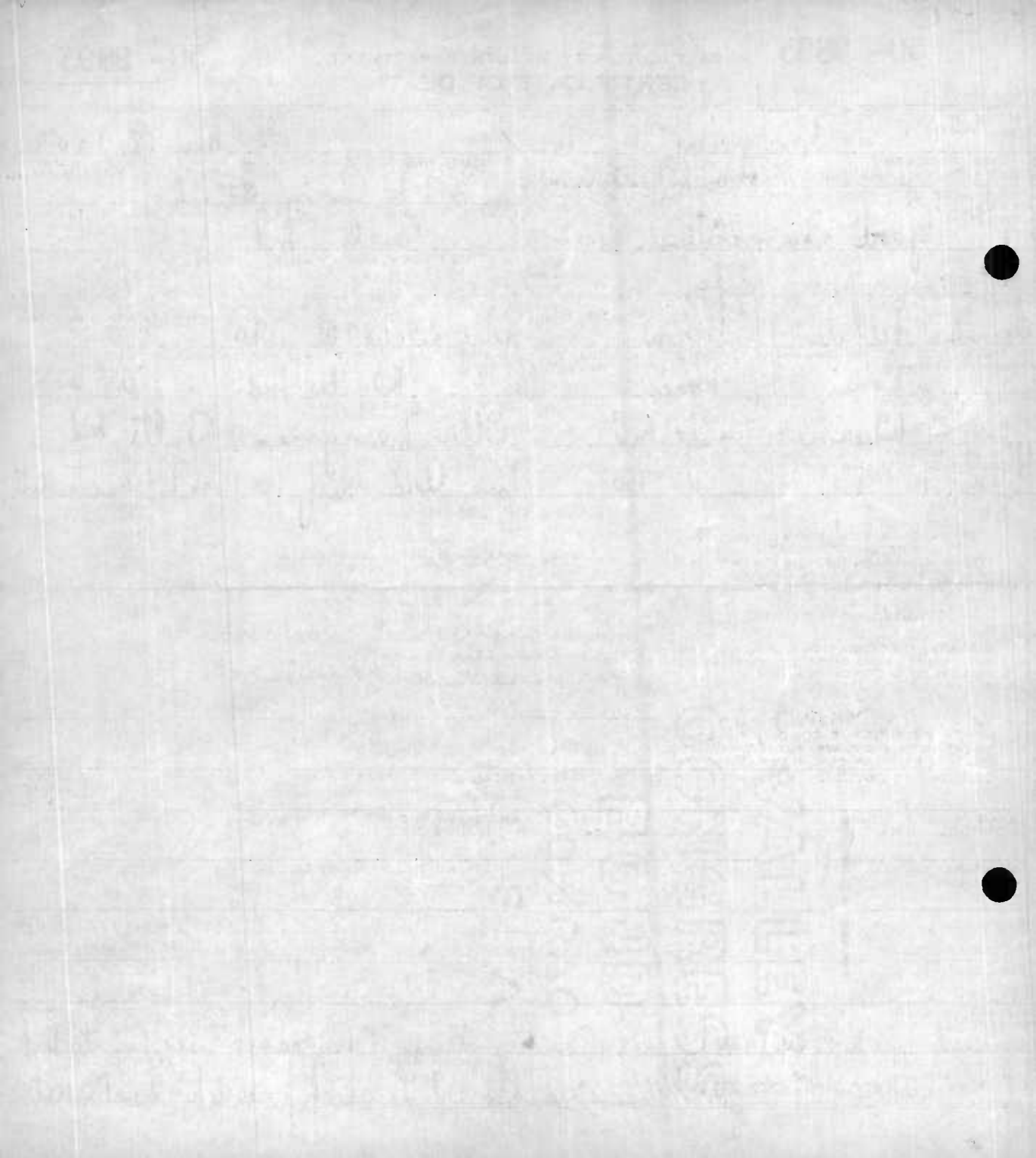
REGISTRAR'S SIGNATURE

Huntington Williams, Jr

25. FUNERAL DIRECTOR

Albert L. Wilf Jr 1606 N. Chester St

ADDRESS



543

50-9896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50-9896

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REYNOLDS BENJAMIN S.

2. DATE
OF
DEATH12-1-50
11-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Baltimore Balt Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Reisterstown

D. STREET ADDRESS (If rural, give location)

53-00

C. Length of stay in Baltimore

5 days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

June 10, 1892

9. AGE (in years
last birthday)

5-7 58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

self-employed

11. BIRTHPLACE (State or foreign country)

Orange Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin F. Reynolds

14. MOTHER'S MAIDEN NAME

Alice M. Gregory

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213-16-9586

17. INFORMANT

ADDRESS 7, Md.

Alfred Stephens, 3511 Abbie Place, Balto.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonitis Generalized

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Uremia

DUE TO

(C)

Bronch Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

(over)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-16-50

19B. MAJOR FINDINGS OF OPERATION

Pneumonitis Generalized

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-16, 1950, to 11-19, 1950, that I last saw the
deceased alive on 11-19, 1950, and that death occurred at 1 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter Glash

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

11-19-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 22/50

24C. NAME OF CEMETERY OR CREMATORY

Linden Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. F. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. F. Elmer, Sons Ruston Md.

What was underlying cause
of peritonitis.

Autopsy Findings :- "Diverticula, transverse and
descending colon; diffuse plastic adherent
peritonitis; red hepatization, both lower
lobes of lungs; hypospadias.

623 50-9897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9897

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachel Bercowitz

2. DATE
OF
DEATH

11-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-05

D. STREET ADDRESS (If rural, give location)

3104 Rushstoun Road

E. Length of stay in Baltimore

60 YRS.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug 20, 1870

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Noah Adelberg

14. MOTHER'S MAIDEN NAME

Riva?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Morris Bercowitz-3711 W. Strathmore Ave.

ADDRESS

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Respiratory Failure

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1950, to 11-18, 1950, that I last saw the deceased alive on 11-18, 1950 and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Howard L. Neit

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson & Bros. - 1124-26 W. North Ave.

ADDRESS

NOV 20 1950

50-2897

DEPARTMENT OF HEALTH
CENTRAL OFFICE OF DEATH

50-2897

10-10-1917



563
50- 9898BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9898
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15/50 to 11/19/50, that I last saw the deceased alive on 11/18/50, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

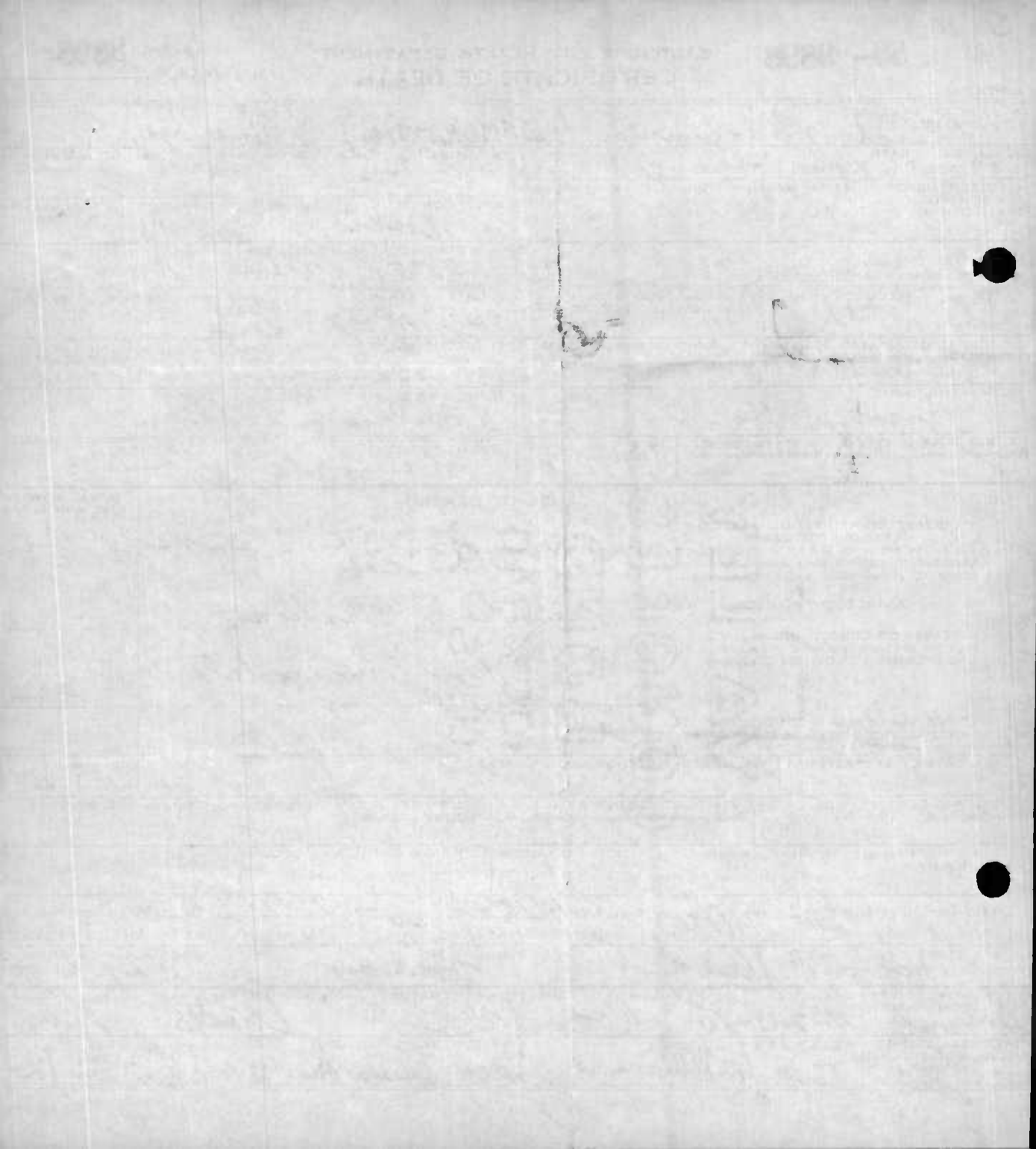
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



520
50- 9899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50- 9899

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lautman Banks

2. DATE
OF
DEATH

17 Nov 50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONGood Samaritan Hosp
67 N Carey St

Yrs.

Mos.

Days

c. Length of stay in Baltimore

7

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

none general

13. FATHER'S NAME

Eugene Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

220-03-8600

8. DATE OF BIRTH

May 20, 1916

9. AGE (In years
last birthday)

33 3/4

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Church Creek, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Janie Stanley

17. INFORMANT

ADDRESS

Ester Beland 819 N. Gay St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of thyroid

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Nov, 1950, to 17 Nov, 1950, that I last saw the
deceased alive on 16 Nov, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE

Emil H. Herming Jr.

23b. ADDRESS

601 Wilkins Way

23c. DATE SIGNED

18 Nov 50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Nov 20, 50

24c. NAME OF CEMETERY OR CREMATORY

Church Creek

24d. LOCATION (City, town, or county)

Church Creek Md

(State)

DATE RECEIVED
LOCAL REGISTRY

REGISTERED SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Russ

055c

1914

1914

1914

1914

1914

524
50-9900BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9900

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

M-FREDERICK WINKLER

2. DATE
OF
DEATH

Nov. 17-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

J. T. S. Smallwood St.

Baltimore 20-05
307-S. Smallwood St.

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

2 days

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12th, 1950, to Nov. 17th, 1950 that I last saw the deceased alive on Nov. 16th, 1950, and that death occurred at 7A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

240 50-9901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9901
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. LESLIE

2. DATE
OF
DEATH

Nov. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or Institution, give street address or location)
HOSPITAL OR INSTITUTION 3332 Gilman Terrace

C. Length of stay in Baltimore

5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Heating Engineer

10B. KIND OF BUSINESS OR INDUSTRY

CONST.

13. FATHER'S NAME

David L. Leslie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

June 26, 1878

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary McGuade

17. INFORMANT

ADDRESS

Mrs. Alma M. Leslie - 332 Gilman Terr.

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from same, 1950, to November 17, 1950, that I last saw the deceased alive on Nov. 17, 1950, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

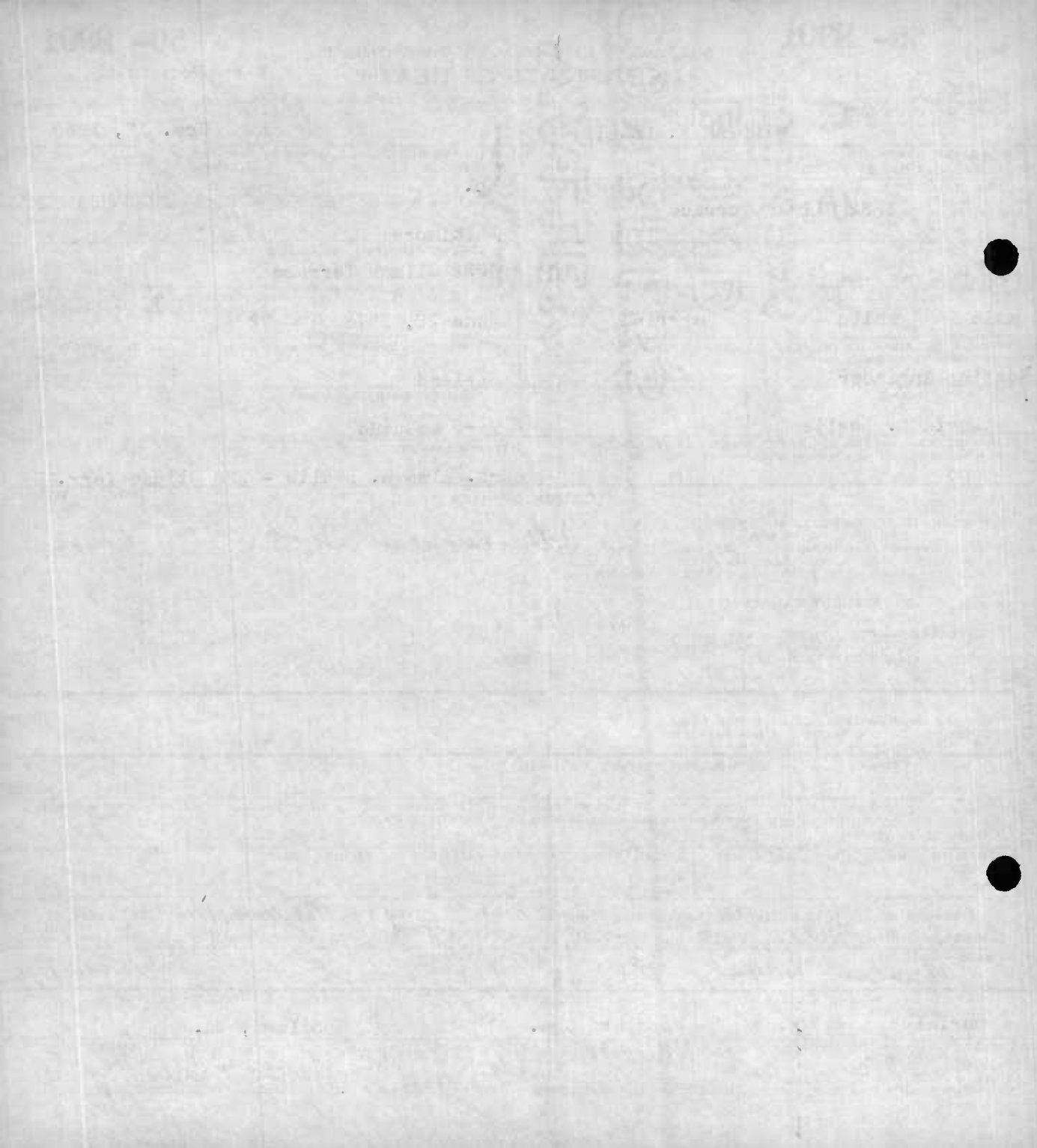
ADDRESS

VS 150

046 24

047d

Md.



-420
50- 9902BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50- 9902

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MIELKE - LOUIS EDGAR ARTHUR

2. DATE
OF
DEATH Nov. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2712 Tivoly Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-06

C. Length of stay in Baltimore 35 Yrs. Mos. Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 29, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Locomotive Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Hampstead, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis A. Mielke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. Earl Louis Mielke 2712 Tivoly Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1950, to 11/17, 1950, that I last saw the
deceased alive on 11/17, 1950, and that death occurred at 7:45 m., from the causes and on the date stated above.

23A. SIGNATURE

G. L. Hornstein

23B. ADDRESS

M. D.

2042 Biddle St

23C. DATE SIGNED

11/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/21/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tuckner & Sons Inc. Balt Md

NOV 20 1950

VS 150

541 50

0942

30-8805

REPUBLIC OF DEVA

30-8805

State of

50-9903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9903
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Austin Zimmerman

2. DATE
OF
DEATH

11-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med Gen

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 7-01

D. STREET ADDRESS (If rural, give location)

601 N Curlew CURLEY

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

STEEL MILL

14. MOTHER'S MAIDEN NAME

Bessie Wally

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Laurie Zimmerman 601 N Curlew

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Hypertensive Cardiovascular Renal Disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ununited fracture Rt Tibia + Fibula

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER ☒

11-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151 11/20/50

9703A

1312

653
50- 9904BRANDAU
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9904

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Brandau, Mr. William		2. DATE OF DEATH 19 Nov. 50	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hosp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk 22	
c. Length of stay in Baltimore 24 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 234 Saint Helena Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 11, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millworker		10b. KIND OF BUSINESS OR INDUSTRY STEEL MILL	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Wheeling, W. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Brandau, Mr. Conrad		14. MOTHER'S MAIDEN NAME Crouse, Miss Catherine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mildred Brandau		ADDRESS 234 Saint Helena Ave.	

18. 586X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration Pneumonia DUE TO Common duct Obstruction 15 days	CAUSE OF DEATH Aspiration Pneumonia DUE TO Common duct Obstruction 15 days	INTERVAL BETWEEN ONSET AND DEATH 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 13 Nov. 50	19B. MAJOR FINDINGS OF OPERATION Common duct Obstruction	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5 Nov. 1950 to 19 Nov. 1950 , that I last saw the deceased alive on 19 Nov. 1950 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Ronald Heaters	23B. ADDRESS Church Home Hosp.	23C. DATE SIGNED 19 Nov. 60
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11/21/50	24C. NAME OF CEMETERY OR CREMATORY W. Va.
24D. LOCATION (City, town, or county) (State) Wheeling W. Va.	25. FUNERAL DIRECTOR William H. ...	ADDRESS 2004 Chlen

The following is a list of the lands
which have been surveyed and
classified by the Commission
of the Land Office, and which
are now in the hands of the
Department of the Interior.
The lands are classified into
three classes, namely: (1) Lands
which are now in the hands of
the Department of the Interior,
(2) Lands which are now in the
hands of the State of California,
and (3) Lands which are now
in the hands of the United States
Government.

254
50-9905

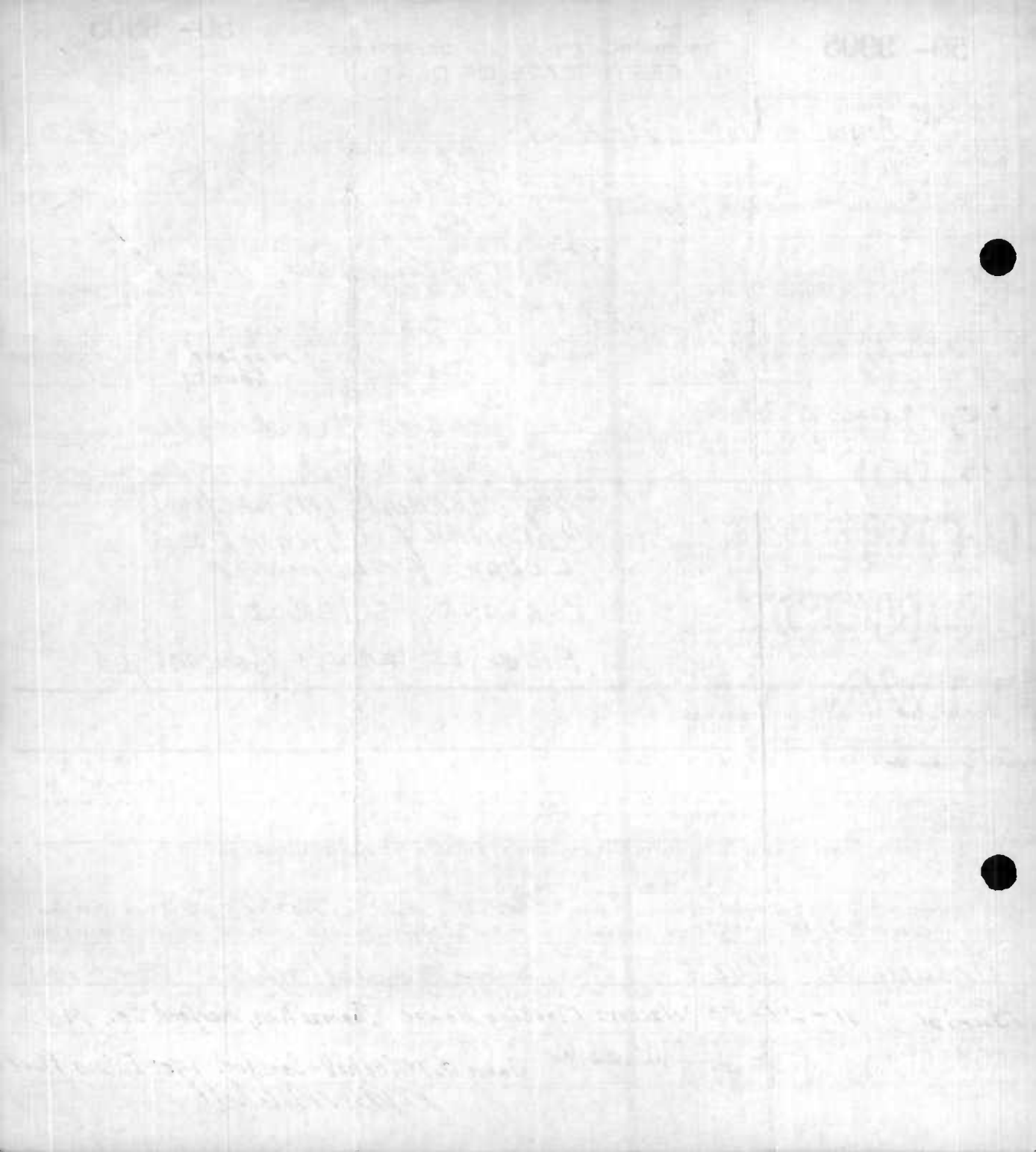
50-9905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

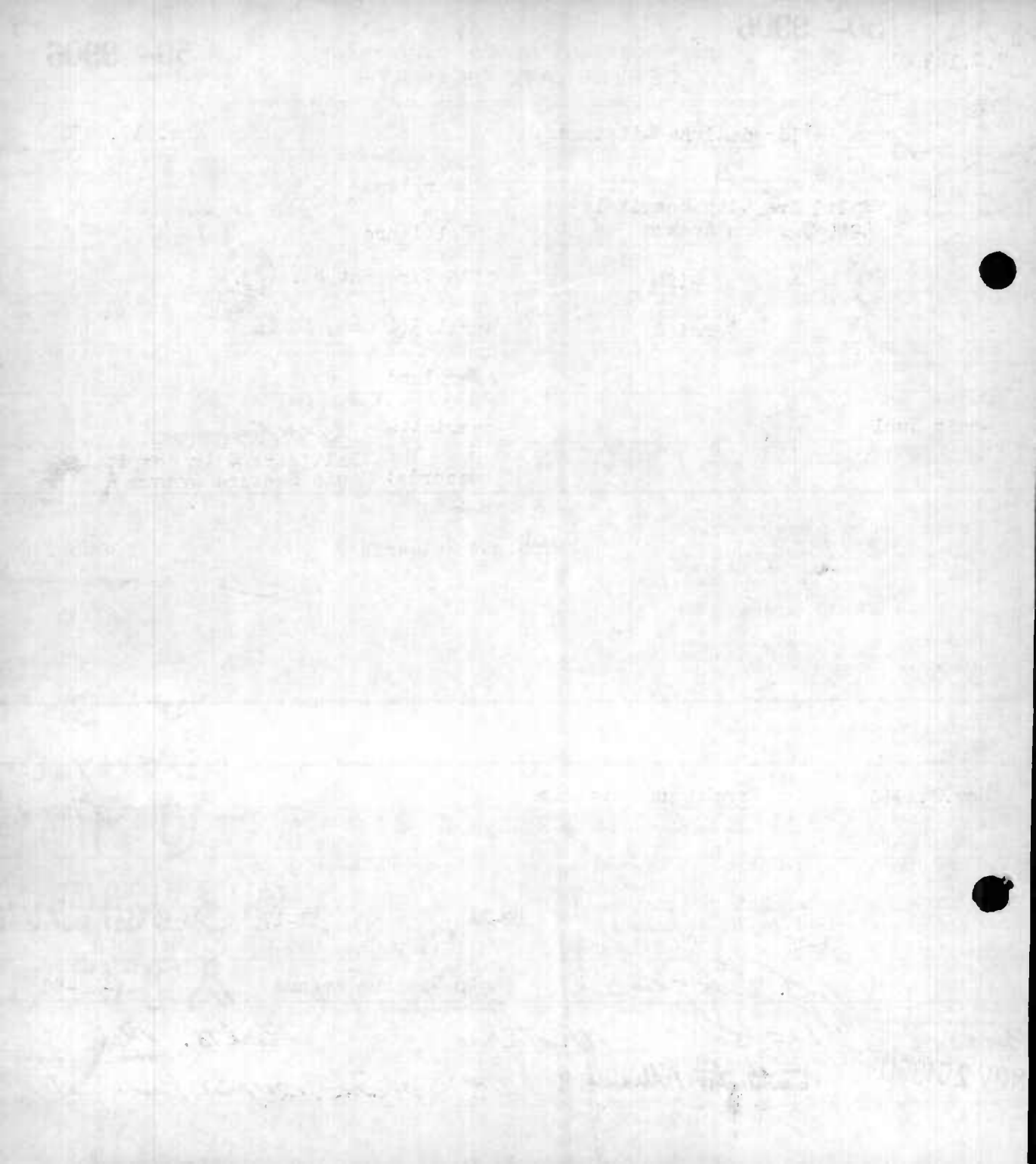
Registered No. _____

BIRTH NO. _____		2. DATE OF DEATH <u>Nov. 18, 1950</u>	
1. NAME OF DECEASED (Type or Print) <u>Anna M. Waters McNeal</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>11-04</u>	
C. Length of stay in Baltimore <u>42</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1319 Linden Ave. Balto. 17.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10, 1875</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>75</u> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Judge James B. Waters</u>		14. MOTHER'S MAIDEN NAME <u>Frances Munnikhusen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>J. Preston McNeal</u>		ADDRESS <u>1319 Linden Ave. Balt.</u>	
18. <u>4/20/1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>MYOCARDIAL INFARCTION</u> DUE TO <u>CORONARY THROMBOSIS</u> (B) <u>LOBAR PNEUMONIA</u> DUE TO <u>CORONARY SCLEROSIS</u> (C) <u>ARTERIOSCLEROSIS, GENERALIZED</u>	
19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 11, 1950</u> , to <u>Nov. 18, 1950</u> , that I last saw the deceased alive on <u>Nov. 18, 1950</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Francis H. Warr</u>		23B. ADDRESS <u>Union Memorial Hospital</u>	
23C. DATE SIGNED <u>Nov. 18, 1950</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-21-50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Watters Meeting House</u>		24D. LOCATION (City, town, or county) (State) <u>Thomas Run, Harford Co., Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 20 1950</u>		REGISTRAR'S SIGNATURE <u>Walterton Williams, Md.</u>	
25. FUNERAL DIRECTOR <u>John O. Mitchell & Sons, Inc.</u>		ADDRESS <u>1900 Eutaw Place</u>	
<u>WMB Mitchell</u>		<u>094a</u>	

MEDICAL CERTIFICATION



325 50- 9906		BALTIMORE CITY HEALTH DEPARTMENT		50- 9906	
N.D. 143001		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mildred Alpha Litsinger		Nov. 17, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		A. STATE Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1125 Sargeant St. (23)		21-02	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1906	9. AGE (in years last birthday) 44	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Louis Buhl		14. MOTHER'S MAIDEN NAME Henrietta (Unknown)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war nr dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 704.11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pemphigus Vulgaris DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Pemphigus Vulgaris DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 Months	
19A. DATE OF OPERATION Nov. 2, 1950		19B. MAJOR FINDINGS OF OPERATION Pemphigus Vulgaris		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-31, 19 50 to 11-17, 19 50, that I last saw the deceased alive on 11-17, 19 50 and that death occurred at 6.50pm., from the causes and on the date stated above.					
23A. SIGNATURE G. S. Oger		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-18-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/20/50		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Wm Cook Inc.		24F. ADDRESS 1217 St. Paul St	
24G. DATE RECEIVED NOV 20 1950		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. ADDRESS	



43 50- 9907

50- 9907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rebecca

OSWALD

2. DATE
OF
DEATH

Nov. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-06

D. STREET ADDRESS (If rural, give location)

2823 W. North Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 31, 1882

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

James Oswald, 2823 W. North Ave

18. 578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rupture of Diverticulum of Transverse Colon

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 18, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/20/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. C. H. 1211 St. Paul

ADDRESS

1730

8092

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DEPARTMENT OF HEALTH

8092

CERTIFICATE OF DEATH

8092

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DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH

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200
50- 9909BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9909
Registered No.

BIRTH NO.			2. DATE OF DEATH 11-18-50		
1. NAME OF DECEASED (Type or Print) <i>Carter J. Cox</i>			CARTER JAMES COX		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02		
C. Length of stay in Baltimore 5 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4519 Mannasota Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 1, 1911	9. AGE (In years last birthday) 39	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker			10B. KIND OF BUSINESS OR INDUSTRY Lloyd E. Mitchell Inc.		11. BIRTHPLACE (State or foreign country) Union City, Tenn.
13. FATHER'S NAME John Cox			14. MOTHER'S MAIDEN NAME Sallie (Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown			16. SOCIAL SECURITY NO. 409-01-3073		
17. INFORMANT Mrs. Amanda Scott			ADDRESS 4519 Mannasota Avenue		

18. <i>E902.6</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Basilar Fracture of Skull</i> DUE TO (B) <i>Laceration of Brain</i> DUE TO (C) <i>Extradural Hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) house under construction		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1401 Cherry Hill Road, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY Nov 15, 1950 8.15 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from steel beam on roof of house	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Lovitt</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 11-19-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Nov. 20, 1950		24C. NAME OF CEMETERY OR CREMATORY Union City	
DATE RECEIVED BY LOCAL REGISTRAR Nov 20 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>William Cook, Inc.</i>	
				ADDRESS 1217 St. Paul Street	

N- 801.2

5913E

186a

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

Name of Deceased _____

Age _____

Sex _____

Color _____

Marital Status _____

Place of Birth _____

Occupation _____

Usual Residence _____

Place of Death _____

Date of Death _____

Time of Death _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of Burial Officer _____

Signature of Witness _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

32 50- 9910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9910
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Paul F. E. Waetge</i>		2. DATE OF DEATH <i>11-19-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>26-05</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>606 S. Savage Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
D. STREET ADDRESS (If rural, give location) <i>606 S. Savage Street</i>		E. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 11, 1879</i>	9. AGE (in years last birthday) <i>71</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Master</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Merchant Marine</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Waetge</i>		14. MOTHER'S MAIDEN NAME <i>?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Gertrude S. Waetge, 606 S. Savage Street</i>	
18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Cardiovascular Disease</i> CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>11-19-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>11/22/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook, Inc. 1217 St. Paul Street</i>			

MEDICAL CERTIFICATION

240 55

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UNITED STATES OF AMERICA
CENTRAL INTELLIGENCE AGENCY

[Faint, mostly illegible text covering the majority of the page, appearing to be a document or report.]

20 50- 9911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9911

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHERMAN EBAUGH

2. DATE
OF
DEATH

NOV 17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL 6

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-14

D. STREET ADDRESS (If rural, give location)

4600 WILMSLOW RD.

E. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12-24-1909

9. AGE (In years last birthday)

40

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

aircraft worker

10B. KIND OF BUSINESS OR INDUSTRY

aircraft m.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Ebaugh

14. MOTHER'S MAIDEN NAME

Effie Jane Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMATION ADDRESS
JOHNS HOPKINS HOSPITAL18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Emphysema and Pulmonary Fibrosis.

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-1950, to 11-17, 1950, that I last saw the deceased alive on 11-17, 1950, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sergeant C. Boudreau, M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 E. Paul St.

NOV 20 1950

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100-2017

50- 9912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9912

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MORGAN John Brooke			2. DATE OF DEATH 11-18-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland 9203 N. Charles St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balt. Md B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 12-02 D. STREET ADDRESS (If rural, give location) 3203 N. CHARLES ST.		
B. FULL NAME OF HOSPITAL OR INSTITUTION					
C. Length of stay in Baltimore 16 yrs			Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 9th 1924	9. AGE (In years last birthday) 26	If Under 1 Year Months: Days 4 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY Manager of Rubber Co		
11. BIRTHPLACE (State or foreign country) Norfolk Va			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Morgan Brooke			14. MOTHER'S MAIDEN-NAME Thelma Fridley Brooke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Thelma Brooke 3203 N Charles St			ADDRESS		

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11-19-50	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Nov. 20th 1950	24C. NAME OF CEMETERY OR CREMATORY Har Sinai Cem	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1950	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR David Bondheim, Inc 1902 Euter Place	

V S 151
NOV 20 1950

290 4U

083a

MEDICAL CERTIFICATION

5100

STATE OF NEW YORK HEALTH DEPARTMENT

100-1011

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of health officer		14. Signature of district attorney		15. Signature of clerk		16. Signature of treasurer	
17. Signature of auditor		18. Signature of comptroller		19. Signature of attorney general		20. Signature of governor	
21. Signature of lieutenant governor		22. Signature of speaker of assembly		23. Signature of president of senate		24. Signature of chief justice	
25. Signature of chief judge of supreme court		26. Signature of chief judge of appellate division		27. Signature of chief judge of county court		28. Signature of chief judge of city court	
29. Signature of chief judge of criminal court		30. Signature of chief judge of family court		31. Signature of chief judge of juvenile court		32. Signature of chief judge of mental hygiene court	
33. Signature of chief judge of probate court		34. Signature of chief judge of surrogate court		35. Signature of chief judge of justice court		36. Signature of chief judge of town court	
37. Signature of chief judge of village court		38. Signature of chief judge of city court		39. Signature of chief judge of county court		40. Signature of chief judge of state court	
41. Signature of chief judge of supreme court		42. Signature of chief judge of appellate division		43. Signature of chief judge of county court		44. Signature of chief judge of city court	
45. Signature of chief judge of criminal court		46. Signature of chief judge of family court		47. Signature of chief judge of juvenile court		48. Signature of chief judge of mental hygiene court	
49. Signature of chief judge of probate court		50. Signature of chief judge of surrogate court		51. Signature of chief judge of justice court		52. Signature of chief judge of town court	
53. Signature of chief judge of village court		54. Signature of chief judge of city court		55. Signature of chief judge of county court		56. Signature of chief judge of state court	
57. Signature of chief judge of supreme court		58. Signature of chief judge of appellate division		59. Signature of chief judge of county court		60. Signature of chief judge of city court	
61. Signature of chief judge of criminal court		62. Signature of chief judge of family court		63. Signature of chief judge of juvenile court		64. Signature of chief judge of mental hygiene court	
65. Signature of chief judge of probate court		66. Signature of chief judge of surrogate court		67. Signature of chief judge of justice court		68. Signature of chief judge of town court	
69. Signature of chief judge of village court		70. Signature of chief judge of city court		71. Signature of chief judge of county court		72. Signature of chief judge of state court	
73. Signature of chief judge of supreme court		74. Signature of chief judge of appellate division		75. Signature of chief judge of county court		76. Signature of chief judge of city court	
77. Signature of chief judge of criminal court		78. Signature of chief judge of family court		79. Signature of chief judge of juvenile court		80. Signature of chief judge of mental hygiene court	
81. Signature of chief judge of probate court		82. Signature of chief judge of surrogate court		83. Signature of chief judge of justice court		84. Signature of chief judge of town court	
85. Signature of chief judge of village court		86. Signature of chief judge of city court		87. Signature of chief judge of county court		88. Signature of chief judge of state court	
89. Signature of chief judge of supreme court		90. Signature of chief judge of appellate division		91. Signature of chief judge of county court		92. Signature of chief judge of city court	
93. Signature of chief judge of criminal court		94. Signature of chief judge of family court		95. Signature of chief judge of juvenile court		96. Signature of chief judge of mental hygiene court	
97. Signature of chief judge of probate court		98. Signature of chief judge of surrogate court		99. Signature of chief judge of justice court		100. Signature of chief judge of town court	

635 50-9913 BALTIMORE CITY HEALTH DEPARTMENT X 50-9913
 BIRTH NO. 50-24953 CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Worthington 2. DATE OF DEATH Nov. 19, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annapolis 52-10

D. STREET ADDRESS (If rural, give location) U.S. Naval Base

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 1950 November 18 9. AGE (In years last birthday) 1 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Walker Worthington, Jr. 14. MOTHER'S MAIDEN NAME Nancy Virginia Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Father ADDRESS Annapolis

18. 762.5 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ATELECTASIS - BILATERAL (A) DUE TO (B) PREMATURITY (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO []

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 6:22 Am., from the causes and on the date stated above.

23A. SIGNATURE Robert L. Zaesch M.D. 23B. ADDRESS Baltimore 17, Maryland 23C. DATE SIGNED Nov. 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 11/20/50 24C. NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM 24D. LOCATION (City, town, or county) (State) PRESVILLE, MD

25. FUNERAL DIRECTOR ADDRESS

VS 150 159.0

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1908

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ANTIE

1908

420
50- 9914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9914
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK T. LEILICH

2. DATE
OF
DEATH

11/19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL Hospital

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CONSULTANT ENGINEER

10B. KIND OF BUSINESS OR INDUSTRY

SELF

13. FATHER'S NAME

GEORGE R. LEILICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

1942

16. SOCIAL SECURITY NO.

219-07-3198

B. DATE OF BIRTH

7/13/18

9. AGE, (in years last birthday)

62

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND - BALTO

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

LILLIAN KINTZ

17. INFORMANT

ADDRESS

MR. GEO. M. LEILICH - 46 HILLSIDE DRIVE
GROVER PARK, N.Y.

18. 017X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ADRENAL INSUFFICIENCY

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

TUBERCULOSIS OF ADRENAL GLAND

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/18, 1950, to 11/19, 1950, that I last saw the deceased alive on 11/19, 1950, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Anthony C. Verrone MD

Maryland Gen Hosp

11/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/21/50

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON NAT'L CEM.

24D. LOCATION (City, town, or county)

ARLINGTON, VA.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, MD

25. FUNERAL DIRECTOR

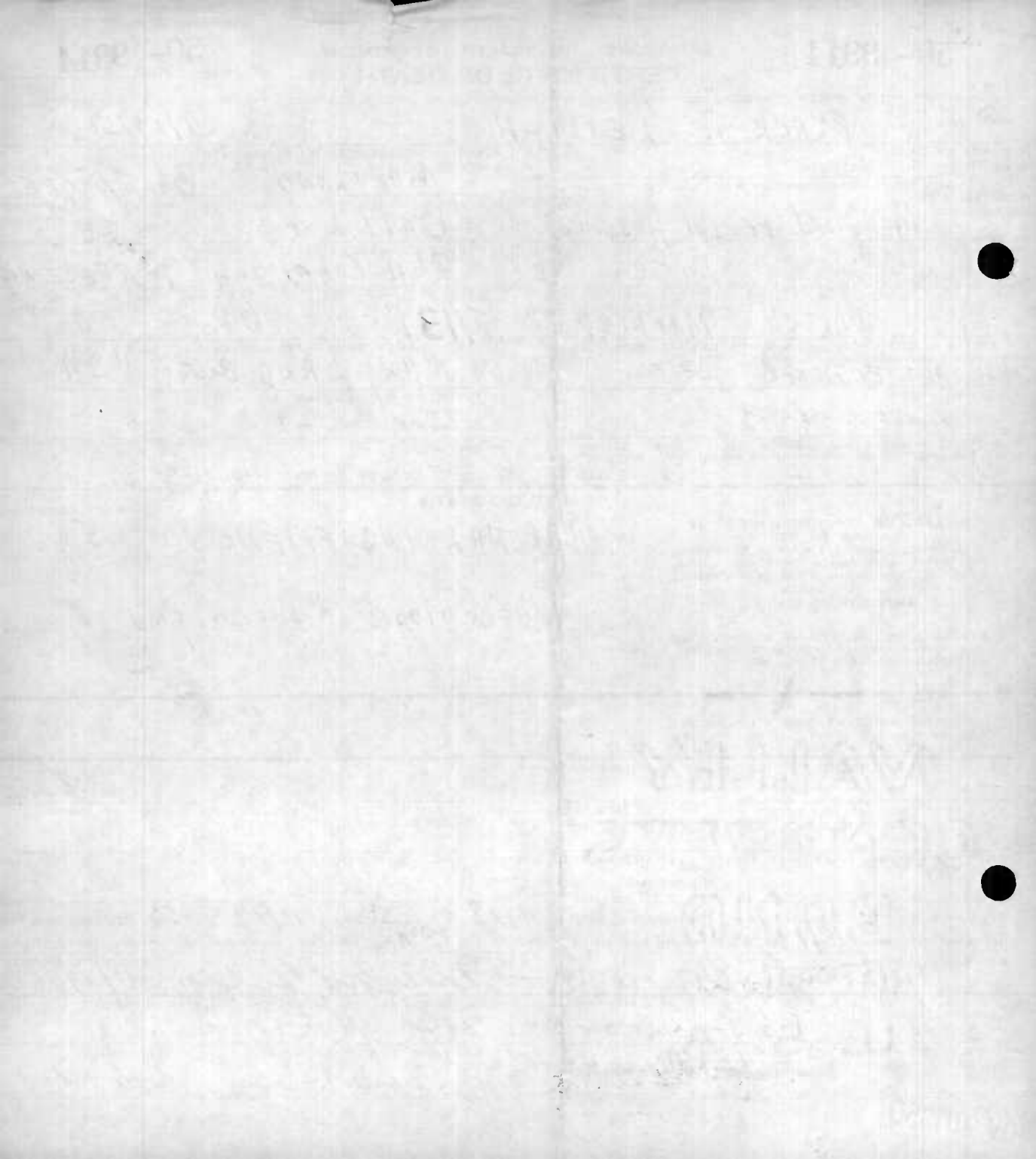
ADDRESS

Thos. J. McKnew Sons Inc Balt. Md

NOV 20 1950

0498X

021a



50- 9915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9915

Registered No.

BIRTH NO. 50- 25308

1. NAME OF DECEASED
(Type or Print)

Baby Girl Terry

2. DATE
OF
DEATH

11/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.

19-03

C. Length of stay in Baltimore

24 hrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1520 W. Hollins St.

5. SEX

7

6. COLOR OR RACE

wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

newborn

8. DATE OF BIRTH

11/17/50

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

newborn

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Luther Terry.

14. MOTHER'S MAIDEN NAME

Margaret Moneymaker.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Luther Terry same

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congenital Atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/17, 1950, to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 201950

VS 150

MEDICAL CERTIFICATION

OV 201950

VS 150

1000

1000

STATE OF NEW YORK



M-6 25 9916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50- 9916

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Ashborton Nursing Home

3521 N. Hilton St

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterograde C. U. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fractured Rt Hip

DUE TO

!!

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

11/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

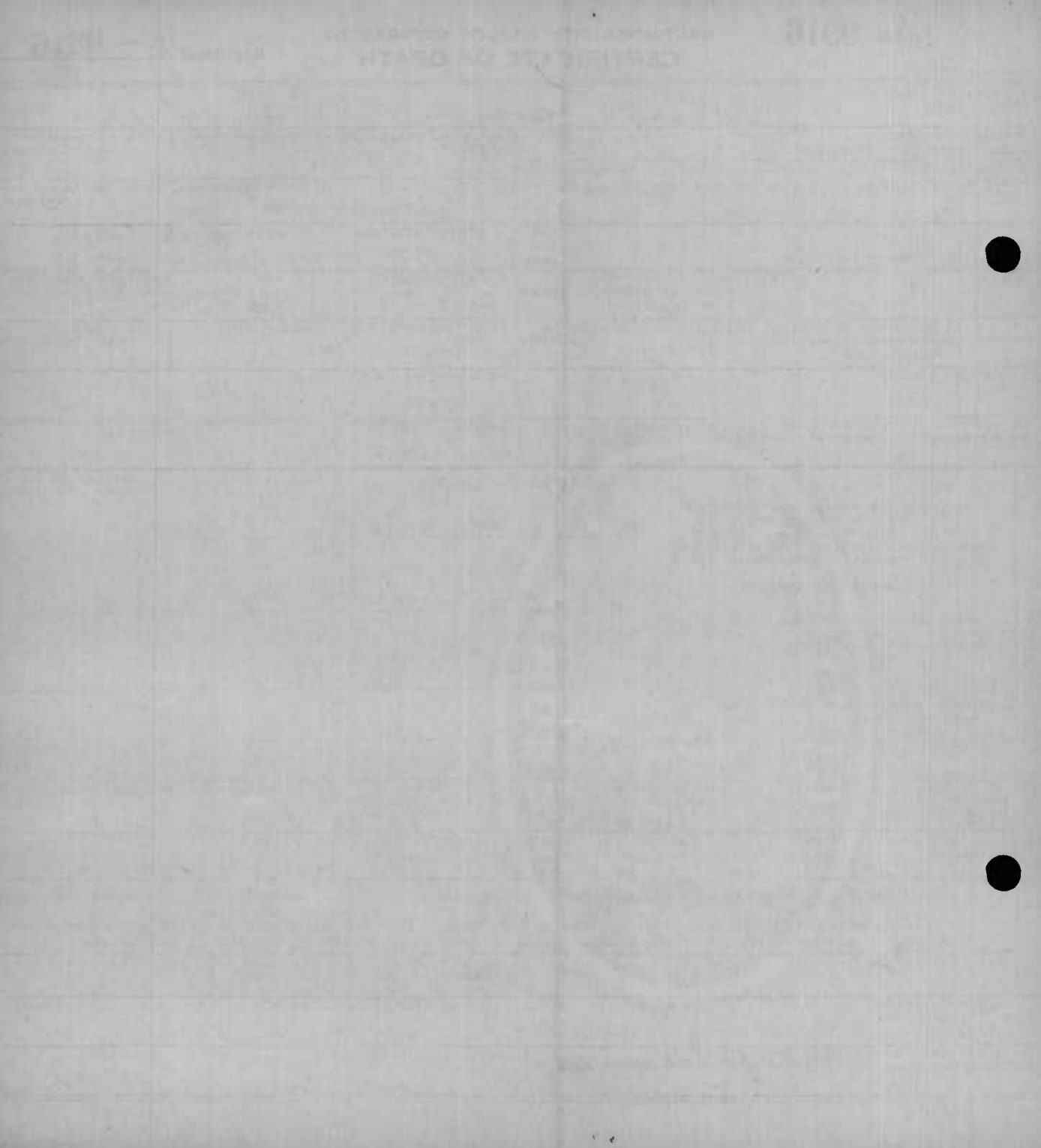
25. FUNERAL DIRECTOR

ADDRESS

VS 151 20450

N-820.1

186a



H-340
50-9917BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-9917

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

William Fredrick Heidel

2. DATE

OF

DEATH

11-19-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

BALTIMORE CITY HOSP.

Yrs.

Mos.

Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 26-07

D. STREET ADDRESS (If rural, give location)

506 S. LEHIGH ST.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 1, 1888

9. AGE (In years

last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, or on if retired)

10B. KIND OF BUSINESS OR

INDUSTRY

GENERATOR TENDER SPARROWS PT.

11. BIRTHPLACE (State or foreign country)

NATRONA, PA.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? HEIDEL

SHIPYARD

14. MOTHER'S MAIDEN NAME

LOUISA

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

NO

NO

16. SOCIAL

SECURITY NO.

213-07-4514

17. INFORMANT

ADDRESS

ANNA M. HEIDEL 506 S. LEHIGH ST.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular

DUE TO

Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21A. EXTERNAL CAUSE WAS

UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID

INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Heidel

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-19-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11-22-50

HOLY REDEEMER CEM

4430 BELAIR RD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

REGISTERED BY HEALTH DEPARTMENT

1911-1912

1911-1912

1911-1912

1911-1912

1911-1912

1911-1912

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1911-1912

1911-1912

W-425

50-9918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9918
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lonnie Wilson

2. DATE
OF
DEATH

Nov. 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1229 N. Gay St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

15 years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

1229 N. Gay St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Steel mill

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Rogers

14. MOTHER'S MAIDEN NAME

Kathie Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Marjorie

ADDRESS

Hollis Hall 1027 N. Rois

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterio-sclerotic Heart Disease

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1946, to Nov. 17, 1950, that I last saw the deceased alive on Nov. 17, 1950, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Renold Phillips

23B. ADDRESS

M. D. 501 Cherry Hill Road

23C. DATE SIGNED

11-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1950

T. Williams, M.D.

Choy O. Wilson - 1000 Centre Ave

VALLEY
CONCRETE

1200 E
100th St

B-240
50-9919BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3230-9919

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Anthony Baccala			2. DATE OF DEATH Nov. 17 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 107 S. High St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5th 1899	9. AGE (In years last birthday) 51	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick layer			10B. KIND OF BUSINESS OR INDUSTRY Construsction W.		
11. BIRTHPLACE (State or foreign country) Vasto Italy			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Saverio Baccala			14. MOTHER'S MAIDEN NAME Mariaantonio Surieni		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Lucia Baccala (Wife)			ADDRESS 107 S. High St.		

18. **411 X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) _____
DUE TO _____(B) _____
DUE TO _____

(C) _____

INTERVAL BETWEEN ONSET AND DEATH

Arterio Insufficiency**Rheumatic Heart Dis****Patient D.O.A. In Acc. Rm**CERTIFICATION APPROVED BY
DR. JOHN R. DAVIS

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) per: R. S. Fisher M.D.	
21D. TIME (Month) (Day) (Year) (Hour) _____ INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Don**, 19____, to____, 19____, that I last saw the deceased alive on____, 19____, and that death occurred at **3:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Frank T. Kasik** 23B. ADDRESS **3630 Elkader Rd.** 23C. DATE SIGNED **11/20/50**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 21st/50		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Washington Williams, M.D.		25. FUNERAL DIRECTOR Frank Dellacore		ADDRESS 322 S. High St.	

NOV-20-1950

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CENTRAL RECORDS DIVISION

RECORDS SECTION

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RECORDS SECTION

A-130
50- 9920

FOR APPROVAL MED. EXAM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9920

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clifton W. Abbott.

2. DATE
OF
DEATH

11/12/68

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St Agnes Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Home Improvement Business

13. FATHER'S NAME

OWNER - CONSTRUCTION

George

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

211 Meadow Ridge M. Park

8. DATE OF BIRTH

2-26-05

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Pearl Isaac

17. INFORMANT

ADDRESS

Mary Abbott, wife.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) HYPERTENSIVE CARDIA
DUE TO VASCULAR RENAL DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DR. JOHN R. DAVIS
per: William Wood M.D.(C) M.D.
OR ASST. MEDICAL EXAMINER.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D O B, 19, to D O B, 19, that I last saw the
deceased alive on D O B, 19, and that death occurred at 3:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V3 1350

Huntington Williams, M.D.

Frank Walter Koel 322 S. High St.

29024

1312

0582-00

0582-00

11/10/00

11/10/00

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11/10/00

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11/10/00

11/10/00

11/10/00

5-530-9921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9921

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LEON SMITH		November 17, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 106 N. Carlton Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct. 16, 1934	9. AGE (In years last birthday) 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Leon Smith Sr.		14. MOTHER'S MAIDEN NAME Louise Wilson		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Louise Holmes 106 N. Carlton St.	
18. E 922.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of foreign material with pulmonary irritation				INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) House		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 20 S. Carlton Street	
21D. TIME (Month) (Day) (Year) (Hour) November 17, 1950 ? m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Aspirated foreign material	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE William Booth		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 18, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-20-1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Mrs. Katie R. Williams		24F. ADDRESS 322	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1950		REGISTRAR'S SIGNATURE William Booth		FURNITURE DIRECTOR Mrs. Katie R. Williams	

MEDICAL CERTIFICATION

V S 151 N-934.8 Huntington Williams, Md. 1950

1998-06

1998-06

STATE OF TEXAS

Blank lined paper with two binder holes on the right side.

C-400
50-9922Clay
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9922

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geneva Clay

2. DATE
OF
DEATH

November 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. - 1014

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

407 N. Schroeder St.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-21-17

9. AGE (In years
last birthday)

33

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Leonard Green

14. MOTHER'S MAIDEN NAME

Blondina Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Malignant Hypertension

2 years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Thrombocytopenic purpura

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

17 November

Enlarged spleen

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

17 November

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1950, to 11-17, 1950, that I last saw the
deceased alive on 11-17, 1950, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. S. Leonard, M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-22-1950

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Katherine Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate Williams

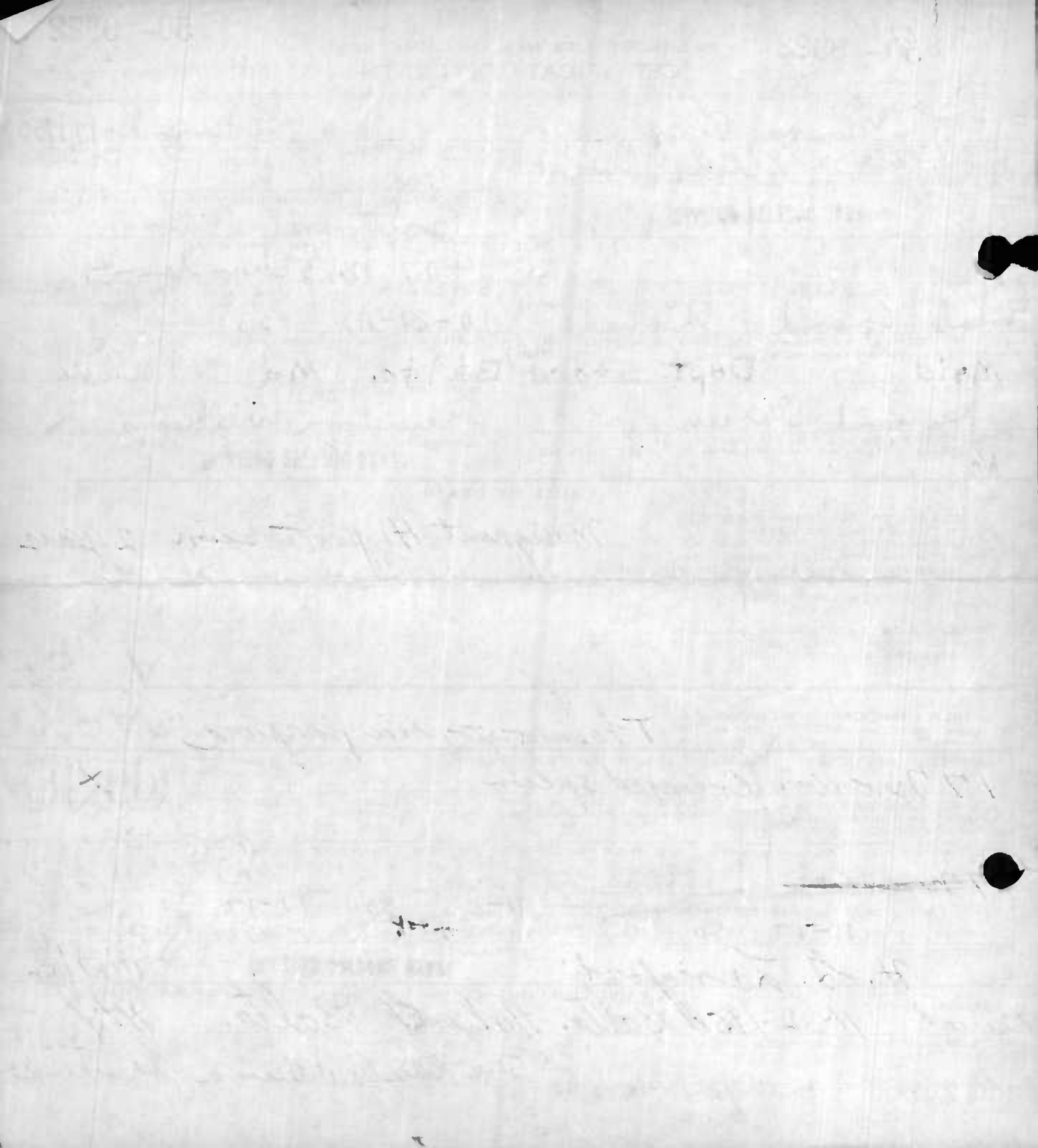
ADDRESS

322 N. Schroeder St.

NOV 20 1950

7316C

072a



N-200
50-9923BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9923
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JAMES		Nov. 17, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland			
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 37 yrs.		d. STREET ADDRESS (If rural, give location) 12 N. Park Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 4, 1895	9. AGE (In years last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Hotel Manager
10b. KIND OF BUSINESS OR INDUSTRY Hotel			11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?, Nowak			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 217-07-8984		
			17. INFORMANT Mrs. Doris R. Eldridge		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E 902.6, Skull fracture	CAUSE OF DEATH (A) Skull fracture	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural Hemorrhage	(B) Subdural Hemorrhage	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION Nov. 17, 1950		19b. MAJOR FINDINGS OF OPERATION Hotel (Fairmount) 2nd floor, 12 N. Park Ave.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel (Fairmount)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2nd floor, 12 N. Park Ave.		
21d. TIME (Month) (Day) (Year) (Hour) Nov. 17, 1950 6 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from window to pavement		
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE William J. Shorath		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED Nov. 18, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/20/50	24c. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24d. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR Nov 20 1950	REGISTRAR'S SIGNATURE William J. Shorath	125 FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., MD.	ADDRESS 186A
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N-803.2 290 8B

CERTIFICATE OF DEATH

2-1-1953

1-1-1953

DATE OF DEATH

1-1-1953

AGE

1-1-1953

1-1-1953

1-1-1953

1-1-1953

1-1-1953

1-1-1953

1-1-1953

1-1-1953

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1-1-1953

1-1-1953

1-1-1953

5-236
50-9924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9924
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Henry Schuster		Nov. 19-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland B. COUNTY	
2305 St. Paul St.		C. CITY OR TOWN Baltimore 26-02	
D. STREET ADDRESS (If rural, give location)		4615 Ashbury St. Ave.	
5. Length of stay in Baltimore		6. DATE OF BIRTH	
Yrs. Mos. Days		Sept. 19-1871	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years, last birthday)	
male white		79	
10. USUAL OCCUPATION (Give kind of work done, business, most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Retired Bricklayer			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 422.1 I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cardiac decompensation	6 mos.
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Cardiac hypertrophy	
II	generalized arteriosclerosis	sev yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-1, 1950, to 11-29, 1950, that I last saw the deceased alive on 11-17, 1950, and that death occurred at 4:30 p. m., from the causes and on the date stated above.		
23A. SIGNATURE E. M. Smith, M.D.	23B. ADDRESS 2431 MARYLAND AVENUE BALTO	23C. DATE SIGNED 11-20-50
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11/21/50	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart
24D. LOCATION (City, town, or county) (State)	24E. FUNERAL DIRECTOR J. Luck, 5305 Starford Rd.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1950	VS 150	

093d

Dr Cook.
2431 Md.

7-100
50-9925BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9925
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Marshall O'Ferrell Teabo		2. DATE OF DEATH Nov. 19, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3112 Gwynns Falls Parkway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-37			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3112 Gwynns Falls Parkway			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1883	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Captain Balbo City Fire Dept		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME John E. Teabo		14. MOTHER'S MAIDEN NAME Rosa M. Toohey		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Catherine Teabo 3112 Gwynns Falls Prkway.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E 962 X ₁ CAUSE OF DEATH Cerebral Embolus 5 min. DUE TO Chronic edema of legs 3 yrs. old malunited fractured Tibia 3 yrs. obesity		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 19, 1950, to Nov 19, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 11:50 AM, from the causes and on the date stated above.					
23A. SIGNATURE Daniel Robinson		23B. ADDRESS 2835 Gwynns Falls Prkwy		23C. DATE SIGNED 11/20/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-22-1950		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION

N-823.1

762 93

0834

David R Robinson
28356 F. H. H. H.

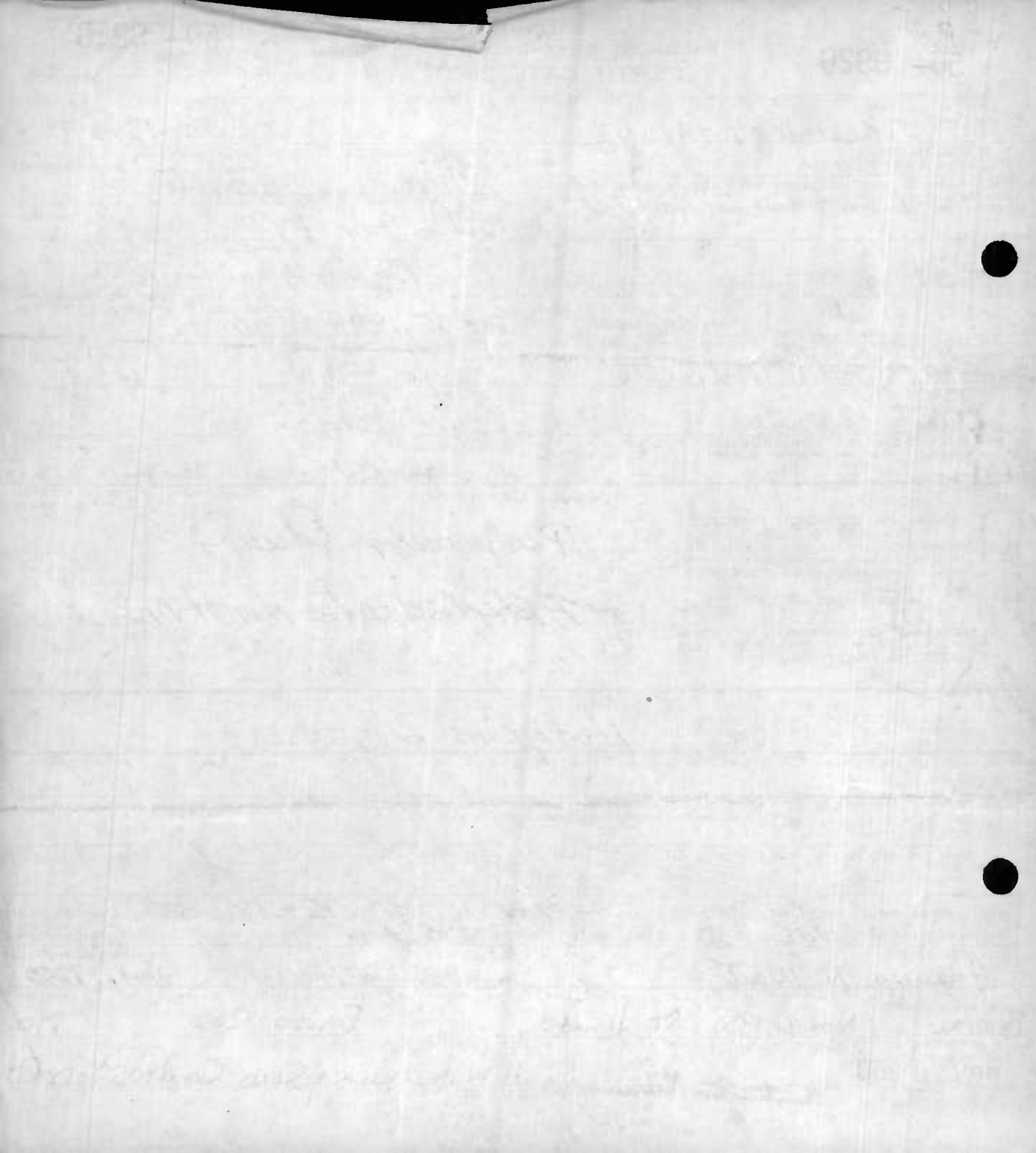
K-650

50- 9926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50- 9926
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) J. Hearsley Kearney			2. DATE OF DEATH Nov-18-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto 53-00		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Arm P.O.		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Rural - Glen Arm P.O.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-25-1889	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker			10B. KIND OF BUSINESS OR INDUSTRY Real Estate		
11. BIRTHPLACE (State or foreign country) Balto, Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Stuart Kearney			14. MOTHER'S MAIDEN NAME Vanie Seegan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Agnes B. Kearney			ADDRESS Glen Arm P.O., Balto.		
18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema			CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hodgkins Disease					
19A. DATE OF OPERATION 2/			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 11, 1950 to Nov. 18, 1950 that I last saw the deceased alive on Nov. 18, 1950 and that death occurred at 2:05 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Francis H. Wait		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED Nov 18 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov 21, 1950		24C. NAME OF CEMETERY OR CREMATORY ST. JOHNS	
24D. LOCATION (City, town, or county) BALTO. Co.		24E. LOCATION (State) MD.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1950		REGISTRAR'S SIGNATURE Stuart H. Williams, M.D.		25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co. 4905 York Rd.	
VS 150		470 74		093d	



300
50-9927BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9927

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Flora Wood.

2. DATE
OF
DEATH

11/18/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

Goldsboro, Rust

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

12-26-94

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Anna Duffett

17. INFORMANT

ADDRESS

Donald E. Wood Jessup Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) HYPERTENSIVE CARDIO-
VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) CEREBRAL VASCULAR
ACCIDENT RIGHT

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1960, to 11/18, 1950, that I last saw the
deceased alive on 11/18, 1950, and that death occurred at 6:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

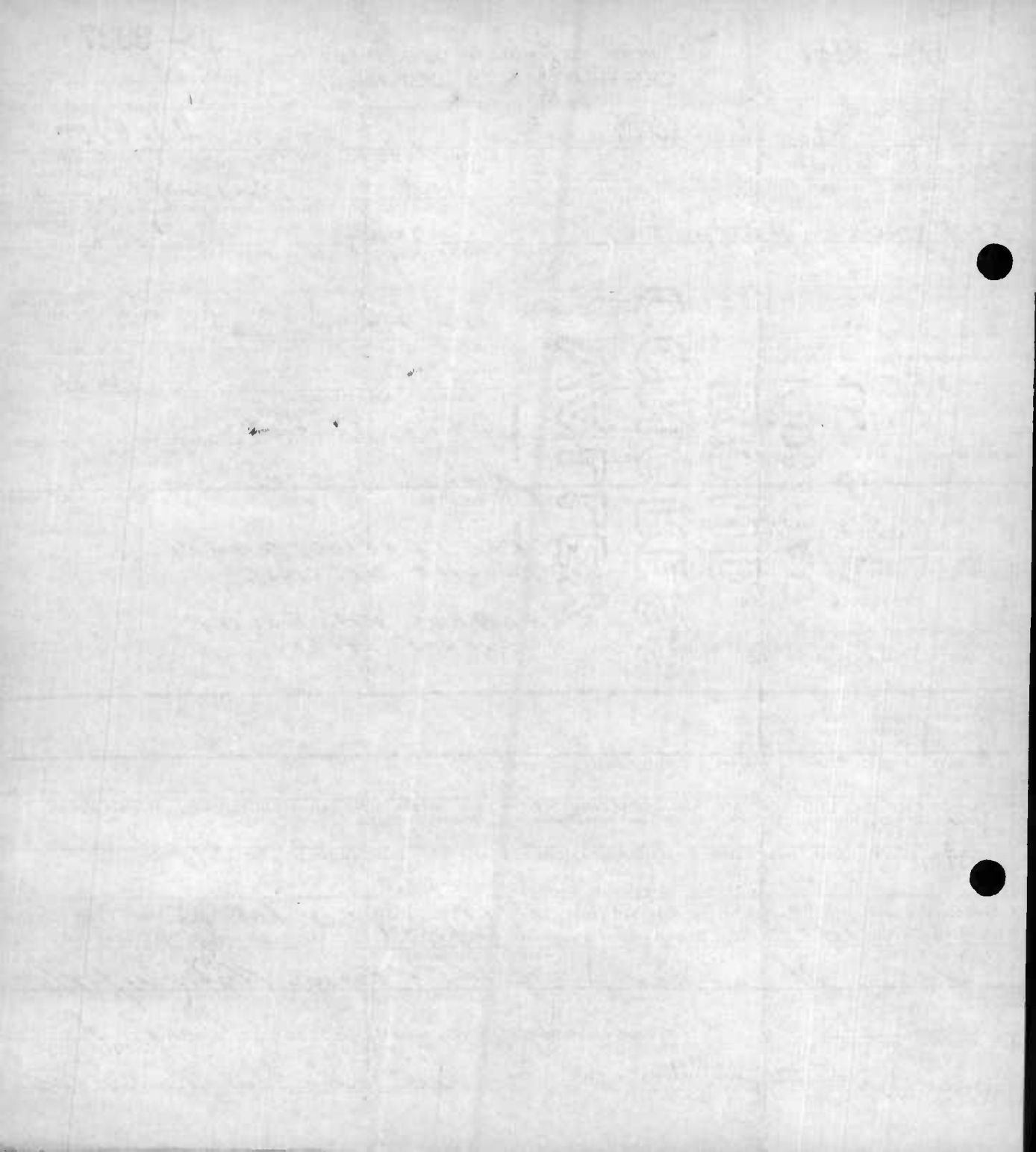
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1950

093 d



50- 9928

50- 9928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Reardon

2. DATE
OF
DEATH

Nov. 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

304 S. Payson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-03

D. STREET ADDRESS (If rural, give location)

304 S. Payson

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

Female

White

Widow

Feb. 10, 1869

81

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Patrick Doyle

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Geo. Weaver 304 S. Payson St.

18. 410X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

6 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

Mitral Stenosis

6 yrs

(B) DUE TO

Insufficiency &
Myocardial Degeneration

2 weeks

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

None

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11/11, 1950, to 11/19, 1950, that I last saw the deceased alive on 11/19, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

Daniel Miller

4510 Hartford Rd 14-

11/19/50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 22, 1950

New Cathedral

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

Huntington Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave.

2500

UNITED STATES OF AMERICA

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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620 50- 9929

50- 9929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Gertrude Norris

2. DATE
OF
DEATH

Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 2414 Frederick Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

LIFE

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 5 1866

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

13. FATHER'S NAME

John M. Felger

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Anna Amen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

George Norris, Sr. 2414 Frederick Ave.

18. 410X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Mental Insufficiency

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1950, to Nov 19, 1950, that I last saw the
deceased alive on Nov 16, 1950, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Nov 21 1950

T. W. Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave

0926

MEDICAL CERTIFICATION

88-8888

88-8888

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

50- 9930

50- 9930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frank Rosenberger

2. DATE
OF DEATH 11/18/50 11 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

650 Gutman Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Mill Work

13. FATHER'S NAME

John Rosenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-09-6754 Joseph F. Rosenberger Gutman Ave

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

minutes

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☐ NO ☒

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 11/18, 1950, that I last saw the deceased alive on 11/18, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950
VS 150

Tunington Williams, M.D.

Wm Cook Inc. 1217 St. Paul St.

51031

0466

University of Illinois

University of Illinois

Jan 12 1912

1/12/12

50- 9931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9931
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ELMO MARSHALL

2. DATE
OF
DEATH

Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Marine Hospital
INSTITUTION

Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY CecilC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Chesapeake CityD. STREET ADDRESS (If rural, give location)
5700

C. Length of stay in Baltimore

14 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/1/81

9. AGE (In years last birthday)

69

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Deckhand

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. J. Marshall

14. MOTHER'S MAIDEN NAME

Elizabeth Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the rectum with abdominal metastases

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary infarction right lower lobe

Unknown

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Nov. 20, 1950 that I last saw the deceased alive on Nov. 20, 1950, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

11/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

VS 150

673 55

046d

MEDICAL CERTIFICATION

1981

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE
INTERNAL SECURITY OF THE
UNITED STATES OF AMERICA

1981

INTERNAL SECURITY

1981

1981

1981

1981

1981

INTERNAL SECURITY

INTERNAL SECURITY

INTERNAL SECURITY

INTERNAL SECURITY

INTERNAL SECURITY

1981

1981

INTERNAL SECURITY

1981

1981

INTERNAL SECURITY

ES-143229

50-9932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9932

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Maaseomrael (John Massabomell)

2. DATE
OF
DEATH

11-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

901 Fell Street.

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

?

9. AGE (In years
last birthday)

85

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Av.

18. 420.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

10yrs

(C) Vegetative Endocarditis

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1950, to 11-10, 1950, that I last saw the
deceased alive on 11-10, 1950, and that death occurred at 7:32. From the causes and on the date stated above.

23A. SIGNATURE

R.D. Rozen

M. D.

23B. ADDRESS 4940 Eastern Ave.
Baltimore City Hospitals

23C. DATE SIGNED

11-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

T. W. Williams, Jr.

John J. Fahy & Sons, 1318 Light St

VS 150

Body released from morgue

11/19/50

093d

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1914



250 50- 9933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9933

Registered No.

BIRTH NO. 50-24416

1. NAME OF DECEASED
(Type or Print)

male Infant

2. DATE
OF
DEATH

11/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Providence Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

9 hrs 34 min

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-10-50

9. AGE (In years,
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

9 34

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Henry Jackson

14. MOTHER'S MAIDEN NAME

Pauline Matthews. 2117 Palisades St.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

mother

18. 768.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Inter-pulmonary infection

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 mo.

3-4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1950, to 11/11, 1950, that I last saw the deceased alive on 11/11, 1950, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 17 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

T. W. Williams, M.D.

Commissioner of Health

1948

1948

1948

RECEIVED
FEB 10 1948

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

00 50- 9934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9934

Registered No.

BIRTH NO. 50-24461

1. NAME OF DECEASED (Type or Print) <i>W[*]I Clifton William Bailey, Jr.</i>		2. DATE OF DEATH <i>11/15/50</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md.</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Providence Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-32</i>	
c. Length of stay in Baltimore <i>48 Hrs.</i>		d. STREET ADDRESS (If rural, give location) <i>2440 Terra Firma Rd.</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11/13/50</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>48</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>Clifton William Bailey</i>		11. BIRTHPLACE (State or foreign country) <i>BALTO, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Myrtle Elizabeth Jackson</i>	
		17. INFORMANT <i>Mother</i> ADDRESS <i>See above</i>	

18. *776 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Prematurity (28 weeks gestation)*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION *0*

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11/13* 19 *50* to *11/15*, 19 *50*, that I last saw the deceased alive on *11/15*, 19 *50* and that death occurred at *4:30* p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

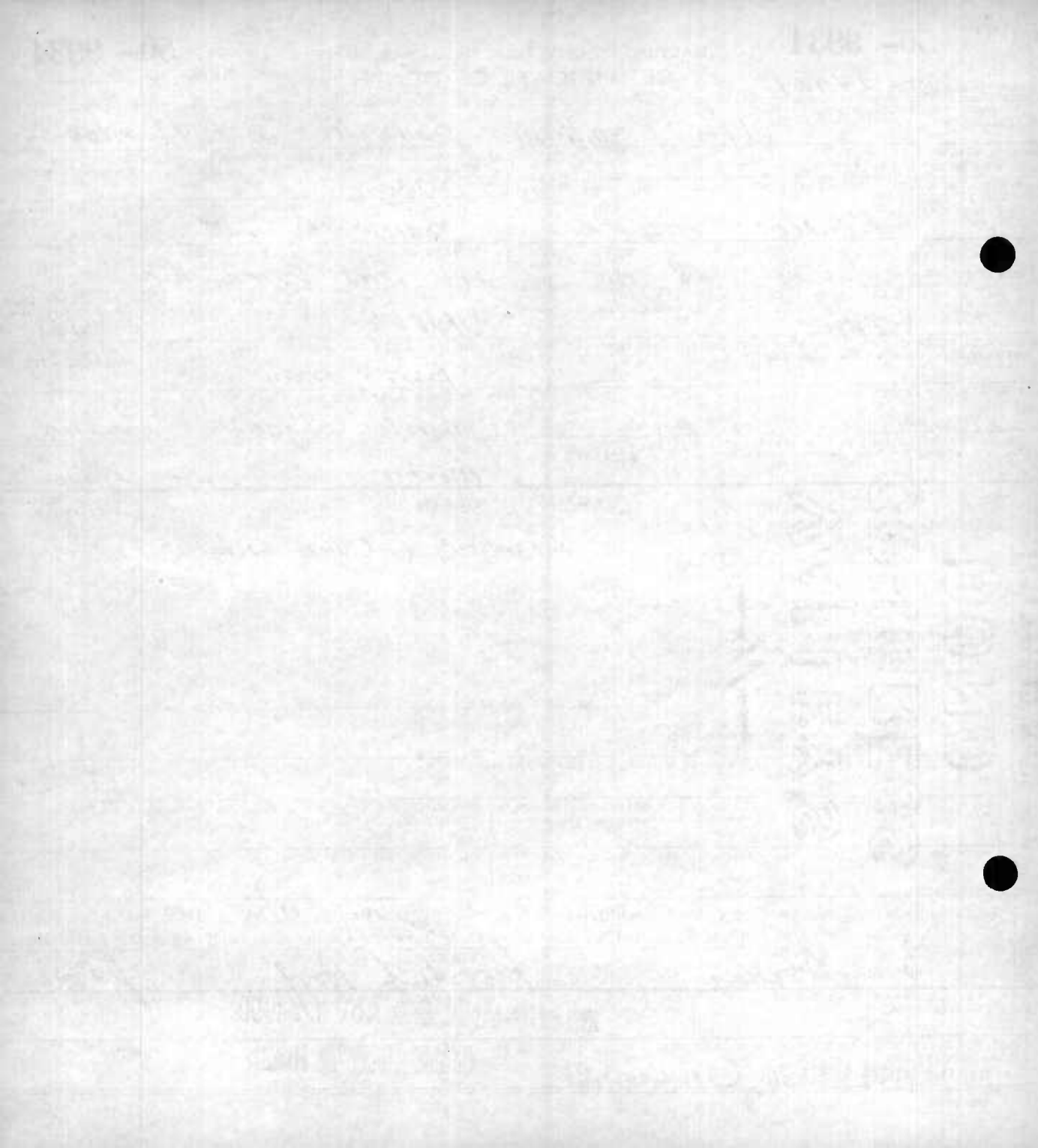
25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

Walter H. Williams, Jr.

JOHN HOPKINS MEDICAL SCHOOL NOV 17 1950



246 50-9935

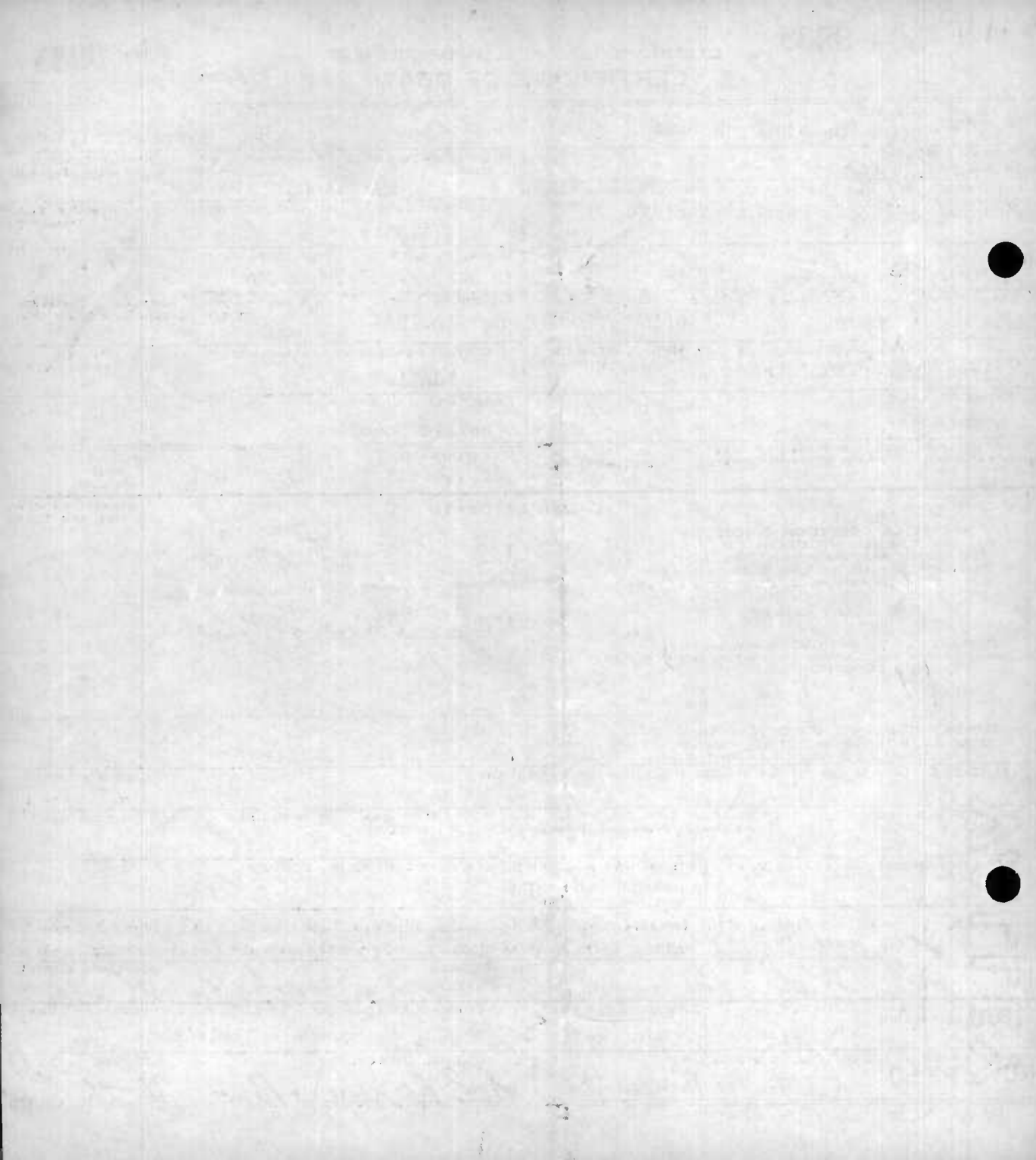
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9935
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Kesler			2. DATE OF DEATH November 21, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3659 ParkHeights Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12		
6. Length of stay in Baltimore 27 Yrs			D. STREET ADDRESS (If rural, give location) 3659 ParkHeights Ave		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Oct 18, 1884	11. AGE (In years - last birthday) 66	12. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer Business			10B. KIND OF BUSINESS OR INDUSTRY (R)		
13. FATHER'S NAME Norman Kesler			14. MOTHER'S MAIDEN NAME Bessie Schuster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Eli Kessler			ADDRESS 3659 ParkHeights Ave		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Acute Coronary Thrombosis DUE TO B. Acute coronary disease DUE TO C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 10 min
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1948 to Nov. 21, 1950, that I last saw the deceased alive on Nov. 15, 1950, and that death occurred at 5A m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Bernard Cohen M. D.		23B. ADDRESS Maceborough		23C. DATE SIGNED 11-21-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 21, 1950		24C. NAME OF CEMETERY OR CREMATORY Agudas Achim Cong Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Sol Lewinson & Bros		24F. ADDRESS 1126 W North Ave	
DATE RECEIVED BY NOV 21 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Sol Lewinson & Bros	



BIRTH NO.

1. NAME OF DECEASED (Type or Print) **ROSARIA Cangelosi**

2. DATE OF DEATH **Nov-18-1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **4706 HARFORD - Rd**
B. FULL NAME OF (If not in hospital or institution, give street address or location)
HARFORD - Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Baltimore - Md**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City
D. STREET ADDRESS (If rural, give location)
513 E - 35th St 9-03

5. SEX **F** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH **MARCH-25-1872** 9. AGE (In years last birthday) **78**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10B. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (State or foreign country) **Cefalu Sicily** 12. CITIZEN OF WHAT COUNTRY? **ITALY**

13. FATHER'S NAME **Tioachim Maggion**

14. MOTHER'S MAIDEN NAME **MARY GRACE BARRANCO**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **No**

17. INFORMANT ADDRESS **DR. MASER. 4335 Park Heights**

18. **4700 I** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.)
Bronchopneumonia
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Arteriosclerotic Heart Disease
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Bed sores

INTERVAL BETWEEN ONSET AND DEATH
terminal
years
1 month

19A. DATE OF OPERATION **No** 19B. MAJOR FINDINGS OF OPERATION **No** 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) **No** 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **No** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **No**

21D. TIME (Month) (Day) (Year) (Hour) INJURY **No** 21E. INJURY OCCURRED WHILE AT WORK ☐ NO WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? **No**

22. I hereby certify that I attended the deceased from **August 1950** to **Nov. 15, 1950** that I last saw the deceased alive on **Nov. 15, 1950**, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Arnis R. Maser** M. O. **4335 Park Heights** 23B. ADDRESS **11/20/50** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Nov-22-50** 24C. NAME OF CEMETERY OR CREMATORY **Holy Redeemer** 24D. LOCATION (City, town, or county) (State) **Belair - Md**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 21 1950** REGISTRAR'S SIGNATURE **Washington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **Earl B. Robertson**
403 E. 25th St 093d

CERTIFICATE OF DEATH

This is to certify that on the 12th day of May 1954

at the residence of the deceased, 1234 Main Street, New York, New York

the following named person died

John Doe, aged 45 years, male, white, single

born on the 15th day of March 1909 at New York, New York

and who was a resident of New York, New York at the time of death

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

and who was a member of the New York State Bar Association

40

50-9937

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-9937
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earley, Abner

2. DATE
OF
DEATH

11/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

1615 Latrobe

C. Length of stay in Baltimore

30yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

3/15/1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Steel Worker

Construction

13. FATHER'S NAME

Henry Earley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No No

16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Virgil Stanton

17. INFORMANT

ADDRESS

Mrs. Lucy Cannon-1615 Latrobe St

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic heart disease

11-1-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

11-17-50

(C)

Emaciation

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11 1950 to 11/17 1950; that I last saw the
deceased alive on 11/17 1950, and that death occurred at 12:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicolas

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/22/50

Mt. Calvary Cem.

A.A. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

Huntington Williams, M.D.

Charles S. Soper

512 N. Carrollton Ave

VS 150

585 24

093d

MEDICAL CERTIFICATION

0.

10. 10. 10.

ANTICIPA

416-50-9938

50-9938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		2. DATE OF DEATH Nov. 18, 1950	
1. NAME OF DECEASED (Type or Print) MOLLIE S. WOOLFORD			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 00 2905 Edison Highway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2905 Edison Highway	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 14, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Madison, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Hubbard		14. MOTHER'S MAIDEN NAME Martha Bromwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mrs. Martha W. Dorsey, 2905 Edison Hwy.

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Arteriosclerotic Cardio-vascular Renal Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 10, 1940, to Nov. 18, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 6:30 pm., from the causes and on the date stated above.				
23A. SIGNATURE Samuel B. Wolfe		23B. ADDRESS M. D. 1331 E. North Ave		23C. DATE SIGNED 11-20-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 22, 1950	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. J. Williams, Sons Inc. Balt. Md.	

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

152-50-9939

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-9939

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Svensson, Miss Hulda S.

2. DATE
OF
DEATH

19 Nov. 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home Hosp.

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE MARRIED.

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Food Dept. - Sea Room

10B. KIND OF BUSINESS OR INDUSTRY

Hosp. Store

13. FATHER'S NAME

Sven Svensson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

202 E. Lafayette

8. DATE OF BIRTH

May 15, 1891

9. AGE (In years last birthday)

59

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Johnson

17. INFORMANT

Mrs. Mabel Chaseman 709 Reservoir St

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Carcinoma of
Ascending Colon

3 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

26 Oct. 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of ascending Colon

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1950, to 19 Nov. 1950, that I last saw the deceased alive on 19 Nov. 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Kenneth Heston

23B. ADDRESS

Church Home Hosp.

23C. DATE SIGNED

19 Nov. 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombed

24B. DATE

11/22/50

24C. NAME OF CEMETERY OR CREMATORY

London Pk.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 21 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Dickens

ADDRESS

0462 Baltimore Md.

STATE OF TEXAS
COUNTY OF DALLAS

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

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DATE OF BIRTH OF CHILD

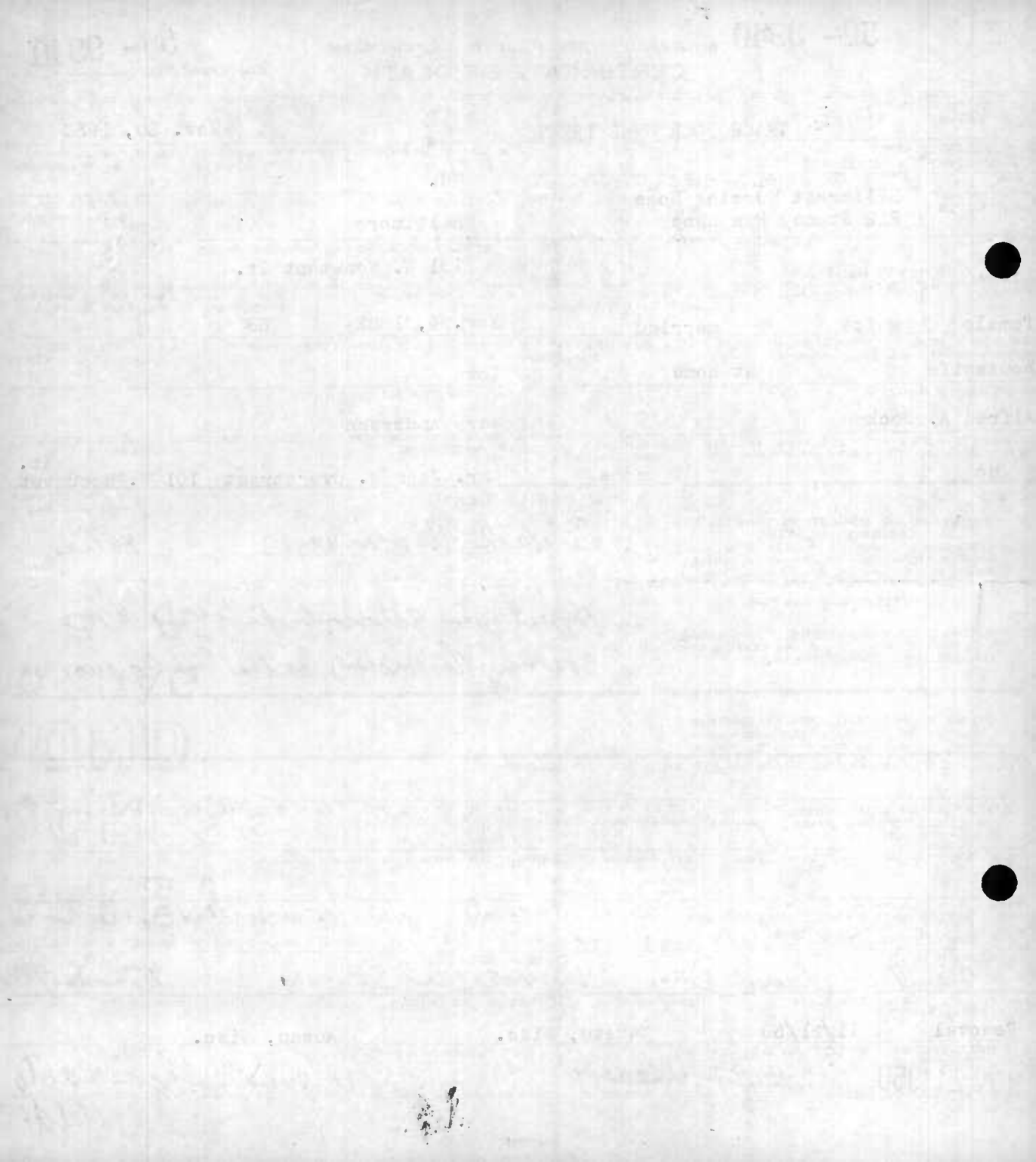
NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

162 50-9340		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50-9940 Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
GRACE BOCK OVERSTREET				Nov. 20, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hillcrest Nursing Home 212 Stoney Run Lane				A. STATE Md.	
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
D. STREET ADDRESS (If rural, give location) 101 W. Monument St.				D. STREET ADDRESS (If rural, give location) 101 W. Monument St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
female	white	married	Nov. 4, 1882	68	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			11. BIRTHPLACE (State or foreign country) Iowa		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Alfred A. Bock			14. MOTHER'S MAIDEN NAME Mary Anderson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		none		Mr. John W. Overstreet 101 W. Monument St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive Arteriosclerosis C.V.D. 8 Yes (C) Coronary Thrombosis, Cerebral Embolus 8 mos ago INTERVAL BETWEEN ONSET AND DEATH 48 hrs					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JANUARY 1, 1946, to NOVEMBER 20, 1950, that I last saw the deceased alive on NOV. 20, 1950, and that death occurred at 1:50 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Newland Edward Day		23B. ADDRESS M. D. 4-E-33rd St - 18		23C. DATE SIGNED November 20/1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/21/50		24C. NAME OF CEMETERY OR CREMATORY Wausau, Wisc.	
24D. LOCATION (City, town, or county) (State) Wausau, Wisc.		25. FUNERAL DIRECTOR J. M. J. Dickner & Sons - Balt		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE Huntington Williams, Md.		VS 150	



50- 9941 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9941
 Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARGARET MARSHALL		2. DATE OF DEATH Nov. 20, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) 3530 Greenmount Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3530 Greenmount Ave.			
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		10. DATE OF BIRTH Jan. 8, 1871	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. KIND OF BUSINESS OR INDUSTRY at home		13. AGE (In years last birthday) 79	
14. FATHER'S NAME William Bechtold		15. MOTHER'S MAIDEN NAME Christina Bauer		16. CITIZEN OF WHAT COUNTRY?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		18. SOCIAL SECURITY NO. -		19. INFORMANT ADDRESS Mrs. Myrtle M. Davis 3530 Greenmount Ave	

18. 446x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension - Arteriosclerosis - End Renal disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 10 , 19 50 , to Nov 20 , 19 50 , that I last saw the deceased alive on Nov 19 , 19 50 , and that death occurred at 2 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE George A. Banden	23B. ADDRESS 323 Med Arts Bldg -	23C. DATE SIGNED 11/21/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950	REGISTRAR'S SIGNATURE Antington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickens & Son Balto Md.	

252
50-9942

Kochanowski

BALTIMORE CITY HEALTH DEPARTMENT

50-9942

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Kochanowski

2. DATE
OF
DEATH

Nov. 19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3728 Manchester Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

3728 Manchester Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 12/1872

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. M.

14. MOTHER'S MAIDEN NAME

J. M.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Adam Kochanowski

ADDRESS

First Md

18. 332X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral arteriosclerosis

DUE TO

6 months

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Synovium left knee

8 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1949, to Nov 19, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

Nov 10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 22/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY

NOV 21 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Grad W. Ozazowski

ADDRESS

193 Eastern Pk. 083B

115		50- 9943		BALTIMORE CITY HEALTH DEPARTMENT		50- 9943			
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.			
1. NAME OF DECEASED (Type or Print)				Mrs. Ella Agnes Sullivan		2. DATE OF DEATH November 19, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 00 3631 Ash Street				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-08		D. STREET ADDRESS (If rural, give location) 3631 Ash Street			
c. Length of stay in Baltimore 53 years				Yrs. Mos. Days					
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept. 9, 1868			
9. AGE (In years last birthday) 82		If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania			
13. FATHER'S NAME John Stricklin				14. MOTHER'S MAIDEN NAME Barbara Elizabeth Masenheimer		12. CITIZEN OF WHAT COUNTRY? U S A			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown) No				16. SOCIAL SECURITY NO. --		17. INFORMANT Miss Grace V. Sullivan			
				ADDRESS 3631 Ash Street					
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION (A) DUE TO CORONARY ARTERIO SCLEROSIS (B) DUE TO GENERAL ARTERIO SCLEROSIS (C) DUE TO Hemiplegia, Rt. old II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH CORONARY OCCLUSION CORONARY ARTERIO SCLEROSIS GENERAL ARTERIO SCLEROSIS Hemiplegia, Rt. old				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 d. Indy Indy 5 yest-	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK				21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 16 Nov 1950, to 19 Nov 1950, that I last saw the deceased alive on 19 Nov 1950, and that death occurred at 10:15 A. m., from the causes and on the date stated above.									
23A. SIGNATURE J. H. Burgee				23B. ADDRESS 2020 N. Charles St				23C. DATE SIGNED 20 Nov 50	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial				24B. DATE Nov. 22, 1950				24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland				25. FUNERAL DIRECTOR Burgee Funeral Home				3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950				REGISTRAR'S SIGNATURE J. H. Burgee				VS 150	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Catherine M. Howard*2. DATE
OF
DEATH*Nov. 19-1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*3122 Berkshire Rd*

C. Length of stay in Baltimore

5. SEX *Female*6. COLOR OR RACE *white*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married*10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *at home*

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME *Milton A. Price*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *Yes, no or unknown*

16. SOCIAL SECURITY NO.

17. INFORMANT *Mr. Calvin Howard - 3122 Berkshire Rd*18. *331X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *✓ 0*19B. MAJOR FINDINGS OF OPERATION *✓*20. AUTOPSY? YES ☐ ND ☒21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) *—*

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY *—*21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1940, to *Nov 19*, 1950, that I last saw the deceased alive on *Nov 18*, 1950, and that death occurred at *m.*, from the causes and on the date stated above.23A. SIGNATURE *J. S. Standing*23B. ADDRESS *3805 Belair Rd*23C. DATE SIGNED *Nov 20/50*24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*24B. DATE *11/22/50*24C. NAME OF CEMETERY OR CREMATORY *Woodlawn*24D. LOCATION (City, town, or county) (State) *Baltimore Md*25. FUNERAL DIRECTOR. ADDRESS *L. J. Luck, 5305 Harford Rd*DATE RECEIVED BY LOCAL REGISTRAR *NOV 21 1950*REGISTRAR'S SIGNATURE *W. H. Williams, Jr.*

VS 150

083a

Dr. W. H. Anderson

26 50- 9945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9945
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Kirk Pinkerton</i>		2. DATE OF DEATH <i>Nov. 19-1950</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>3003 Overland Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 27-0</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Yrs. Mos. Days</i>		D. STREET ADDRESS (If rural, give location) <i>3003 Overland Avenue</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>June 10-1890</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Asst. Agent. Canton R.R.</i>		12. AGE (in years, last birthday) <i>60</i>	
13. FATHER'S NAME <i>William K. Pinkerton</i>		14. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
17. SOCIAL SECURITY NO.		18. INFORMANT ADDRESS <i>Mrs. Florence Pinkerton, same</i>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>470.1 I Pulmonary edema 15 min.</i>		20. CAUSE OF DEATH <i>Coronary Occlusion 1947</i>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
23. DATE OF OPERATION <i>0</i>		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT, SUICIDE, HOMICIDE (Specify)		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <i>Dec 11-18</i> , 19 <i>50</i> , to <i>11-19</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11-18</i> , 19 <i>50</i> , and that death occurred at <i>7 P. m.</i> , from the causes and on the date stated above.		32. SIGNATURE <i>Walter E. Kieffig</i> M. O. <i>43011 Hayford Rd</i>	
33. DATE SIGNED <i>11-20-50</i>		34. ADDRESS	
35. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		36. DATE <i>11/22/50</i>	
37. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		38. LOCATION (City, town, or county) (State) <i>Bald Md</i>	
39. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1950</i>		40. REGISTRAR'S SIGNATURE <i>Wm. J. Luck</i>	
41. FUNERAL DIRECTOR <i>5305 Hayford Rd</i>		42. ADDRESS	

DR. Kargin
H331 Naford.

55
50- 9946BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9946
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Russell Earl Chapman

2. DATE
OF
DEATH

11-20-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONMaryland General Hospital
15 Yrs.
Med.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

13. FATHER'S NAME

Earl Chapman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
178-05-4136

D. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

3809 Hillsdale Rd.

B. DATE OF BIRTH

Sept. 1, 1903

9. AGE (in years last birthday)

47

If Under 1 Year

Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Newport
Kentucky

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Bertha Hutchinson

17. INFORMANT

ADDRESS

Mrs. Marie Chapman, 3809 Hillsdale Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Abdominal Carcinomatosis

DUE TO

Intestinal-Vesical fistula

(B)

Carcinoma of Stomach

DUE TO

Lys.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 1950, to 11-20, 1950, that I last saw the deceased alive on 11-20, 1950, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. J. J.

M. D.

23B. ADDRESS

M.D. Sen. Hosp.

23C. DATE SIGNED

11-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 22, 1950

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Newport, Kentucky

DATE RECEIVED BY

NOV 21 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. J. J.

ADDRESS

4510 Liberty
Heights Ave.

200 50-9947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9947
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George Mech* (GEORGE PETER MECH)2. DATE
OF
DEATH

11-19-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Ind.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

50yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

10-30-77

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Traffic Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Nat'l Can Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Mech

14. MOTHER'S MAIDEN NAME

Caroline Rettman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-09-6059

17. INFORMANT 3302 Mary Avenue

Mrs Laura E. Mech

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchogenic Carcinoma

DUE TO

11-16-50

to

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) resultant Pulmonary edema

DUE TO

11-19-50

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1950, to 11-19, 1950, that I last saw the
deceased alive on 11-19, 1950, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Andrew R. Sosnowski

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11-19-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/22/50

24C. NAME OF CEMETERY OR CREMATORY

Schwartz Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

See A. Sander

VS 150

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1708-20

RECEIVED
OFFICE OF THE
DIRECTOR

March 1912

22

1912

12

Received from the
Director of the
Bureau of the
Census

RECEIVED
OFFICE OF THE
DIRECTOR

1912

March 1912

1708-20

620 50-9948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9948
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rosa Lee Carrick</i>		2. DATE OF DEATH <i>11-19-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1823 Chilton Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>70 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>710 E. 41st Street</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct. 9, 1862</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>? Hook</i>		14. MOTHER'S MAIDEN NAME <i>? Brady</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>1823 Chilton Street - 18</i> <i>Mr. Earl R. Carrick</i>	

18. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>11-20-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>11/22/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1950</i>		REGISTRAR'S SIGNATURE <i>William V. Smith</i>		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i> ADDRESS <i>BALTO., 13, MD.</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of prison		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

460
50- 9949BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9949
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM GEPHARDT Ruley

2. DATE
OF
DEATH

11/19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Md. Gen. Hosp. tal

c. Length of stay in Baltimore life

5. SEX

M

6. COLOR OF RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tel. desk - C & P Tel.

10B. KIND OF BUSINESS OR INDUSTRY

TELEPHONE CO.

13. FATHER'S NAME

John T. Ruley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary M. Ruley, wife, 2711 Pelham Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

(B)

Thrombocytopenia

DUE TO

(C)

Leukemia

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18 1950, to 11/19, 1950, that I last saw the deceased alive on 11/19, 1950, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Varone M.D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

11/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 22, 1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

3310 Taylor Ave. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 21 1950

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

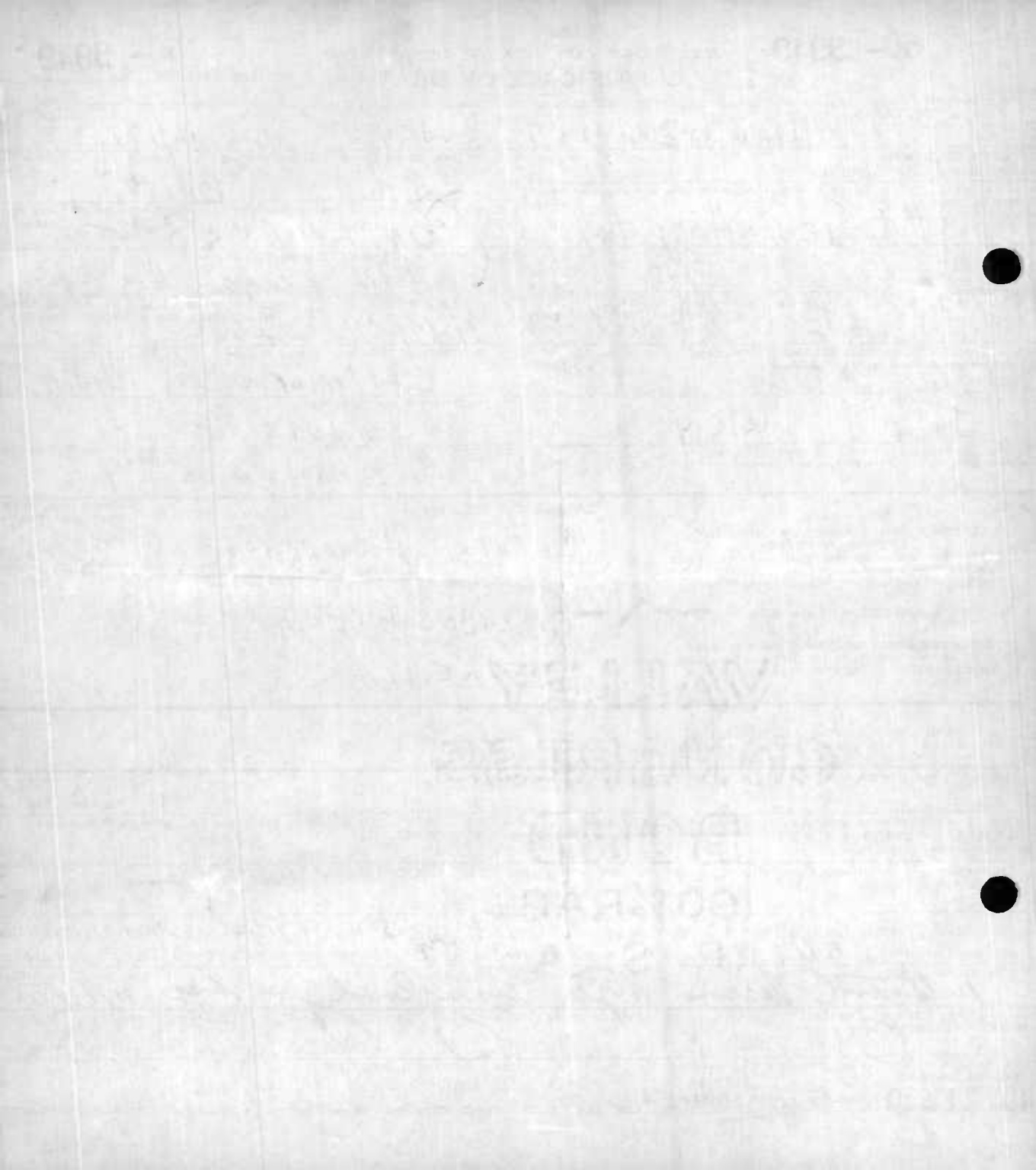
ADDRESS

2601 E. Madison St.

VS 150

5405A

074a



520 50- 9950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9950
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Guglielmina Panza

2. DATE

OF DEATH Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2529 E. Monument St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2529 E. Monument St.

C. Length of stay in Baltimore

46 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 22, 1874

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

Italy

13. FATHER'S NAME

Guy Passiflora

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Guy C. Panza, son, 3739 Reistertown Rd.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948, to 20 Nov., 1950, that I last saw the deceased alive on 11/20, 1950, and that death occurred at 2 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2601 E. Monument St.

11/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 23, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thurston Williams, M.D.

Schimunek Funeral Home, Inc.

2601 E. Madison St.

NOV 21 1950

VS 150

093d

1000

DEATH STATE OF DEATH

1000



650 50- 9951 CERTIFICATE CORRECTED 11-24-50 50- 9951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William W. Surham

2. DATE OF DEATH Nov. 20, 1950

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland b. COUNTY _____

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Union Memorial Hosp.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore #11

7. STREET ADDRESS (If rural, give location) 2928 Miles Ave Miles 12-01

8. DATE OF BIRTH 1884

9. AGE (In years last birthday) 66

10. SEX Male 11. COLOR White 12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman

14. KIND OF BUSINESS OR INDUSTRY Construction

15. BIRTHPLACE (State or foreign country) Maryland

16. CITIZEN OF WHAT COUNTRY? U.S.A.

17. FATHER'S NAME John Surham

18. MOTHER'S MARRIAGE NAME Leach

19. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service)

20. SOCIAL SECURITY NO. _____

21. INFORMANT Richard C. Mangum ADDRESS 2928 Miles Ave

18. 4201 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Coronary Thrombosis
DUE TO _____

II
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertension & Arterio-
(C) Sclerotic Cardiovascular Disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Dr. John R. Davis
per: J. A. Durlacher M.D.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) (Minute) _____

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 11-17, 1950 and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE James A. Ford M.D.

23B. ADDRESS U.M.H.

23C. DATE SIGNED 11-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Nov 22/50

24C. NAME OF CEMETERY OR CREMATORY Woodlawn

24D. LOCATION (City, town, or county) (State) Woodlawn, Md

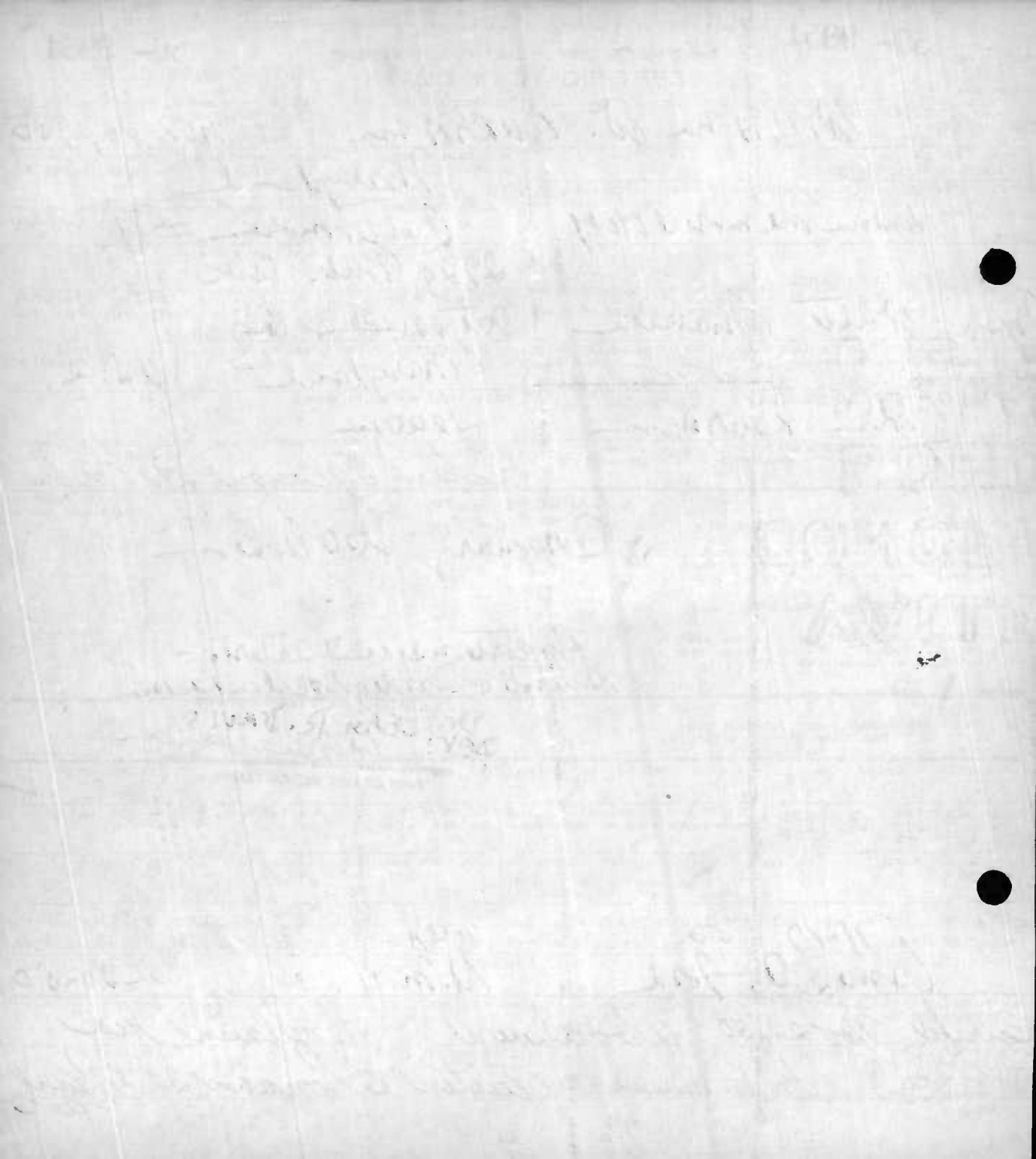
DATE RECEIVED BY LOCAL REGISTRAR OV 21 1950

REGISTRAR'S SIGNATURE William M. Williams

25. FUNERAL DIRECTOR Ernest E. Donovan ADDRESS 3818 Roland Ave

VS 150

76324 0932



200 50- 9952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9952

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SIDNEY H. LOOS

2. DATE
OF
DEATH

November 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rodgers Forge

D. STREET ADDRESS (If rural, give location)

126 Dumbarton Road

5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/21/1900

9. AGE (In years
last birthday)

50

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant Business

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Loos

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

U.S. 11/1/41 - 11/1/42

16. SOCIAL
SECURITY NO.

213-01-4986

17. INFORMANT

Reita Loos 126 Dumbarton Rd.

ADDRESS

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 20, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5-18-5

RECEIVED BY THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

5-18-5

NEW YORK, N. Y.

TO THE DIRECTOR, FBI
FROM THE NEW YORK OFFICE
SUBJECT: [illegible]

RE: [illegible]

DATE: [illegible]
TIME: [illegible]

REFERENCE: [illegible]

DETAILS: [illegible]

CONCLUSION: [illegible]

RECOMMENDATION: [illegible]

ADMINISTRATIVE: [illegible]

OTHER: [illegible]

APPROVED: [illegible]

SPECIAL AGENT IN CHARGE

200

9953

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9953
Registered No.1. NAME OF DECEASED
(Type or Print)

Lucy J. Cook

2. DATE
OF
DEATH

Nov. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

313 N Bruce St

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles W. Cook 313 N. Bruce St.

18. 421.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Valvular Heart Disease

DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

1 year

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

II

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

23E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

23F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1949, to Nov 18, 1950, that I last saw the
deceased alive on Nov 13, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Shepperd

M. D.

23B. ADDRESS

404 N. Fulton Ave

23C. DATE SIGNED

11/21/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-23-1950

24C. NAME OF CEMETERY OR CREMATORY

Arkatius Memorial Arkatius

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams Schroeder St.

ADDRESS

322 N

120

50-9954 M.R.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50-9954

1. NAME OF DECEASED (Type or Print)

JESSIE DAVIS

2. DATE OF DEATH

November 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

929 W. Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

929 W. Lexington Street

5. LENGTH OF STAY IN BALTIMORE

Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 4, 1949

9. AGE (In years last birthday)

11

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chester S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jesse Davis Sr.

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sarah Davis

ADDRESS

929 W. Lex. St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral palsy due to erythroblastosis fetalis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

II

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

929 W. Lexington Street

21d. TIME (Month) (Day) (Year) (Hour)

November 19, 1950 ? A m.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

11-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

11-21-1950

MT Auburn Cem.

Balto.

MD.

1950

11-21-1950

1950

1950

11-21-1950

1950

1950

11-21-1950

1950

100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

EDUCATIONAL BACKGROUND

EMPLOYMENT HISTORY

CRIMINAL RECORD

REMARKS

IDENTIFICATION OF SUBJECT

IDENTIFICATION OF SUBJECT

IDENTIFICATION OF SUBJECT

IDENTIFICATION OF SUBJECT

IDENTIFICATION OF SUBJECT

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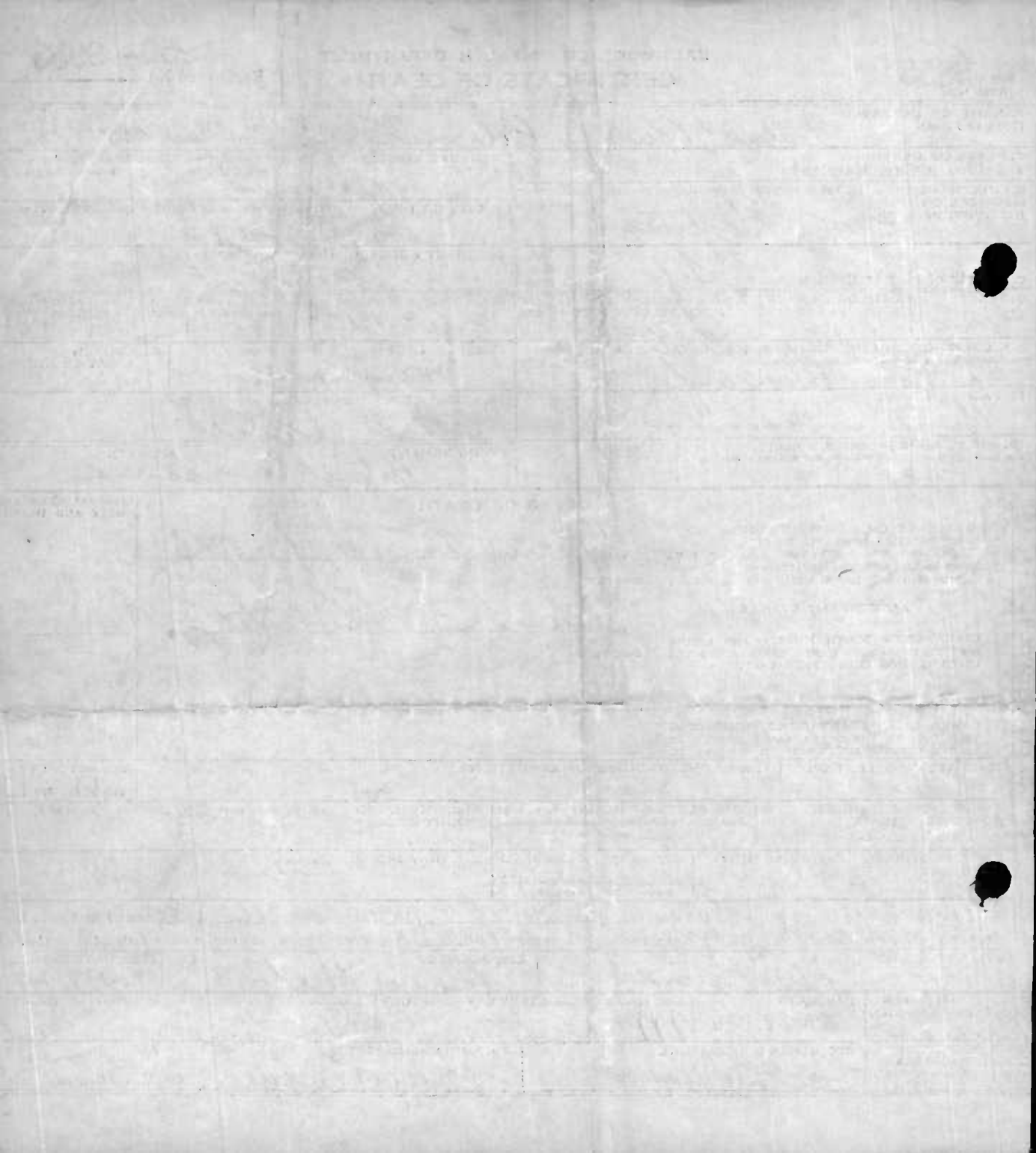
52
50-9955
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9955
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Viola (Powell) Adams</i>			2. DATE OF DEATH <i>Nov. 16, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mary Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11-01</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1023 Morris St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 3, 1915</i>	9. AGE (In years last birthday) <i>35</i>	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None (Housewife)</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Graham Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Celeste Powell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Patent</i>			ADDRESS <i>- same</i>		

18. <i>587.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain Abscess, frontal lobe</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Sub acute Paracititis</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>no</i>		19B. MAJOR FINDINGS OF OPERATION <i>no</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 15</i> , 19 <i>50</i> to <i>Nov 16</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Nov 16</i> , 19 <i>50</i> , and that death occurred at <i>10:35A</i> ., from the causes and on the date stated above.					
23A. SIGNATURE <i>Philip W. Seumay</i> M.D.		23B. ADDRESS <i>Maryland</i>		23C. DATE SIGNED <i>Nov 17, 50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>NOV 22 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1950</i>	REGISTRAR'S SIGNATURE <i>W. B. Biddle</i>	25. FUNERAL DIRECTOR <i>W. B. Biddle</i> ADDRESS <i>436</i>			



623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9956

Registered No.

50- 9956

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lola A. Herget

2. DATE
OF
DEATH

11-19-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baito

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND ANNE ARUNDEL

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

St. Agnes Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

LINTHICUM HEIGHTS,

D. STREET ADDRESS (If rural, give location)

212 FORT MEADE ROAD 5200

C. Birth of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED
WIDOWED ☐ DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE

WHITE.

MARRIED

JUNE 6, 1903

47

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

LINTHICUM HEIGHTS, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

RICHARD T. FORD

14. MOTHER'S MAIDEN NAME

URZULA TURNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

212 FORT MEADE ROAD

R.M. HERGET, LINTHICUM HEIGHTS, MD.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Massive Esophageal

DUE TO

Varicose & massive

ANTECEDENT CAUSES

(B)

Hemorrhage

DUE TO

(over)

12 hr

9 15
pmDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-11, 1950, to 11-19, 1950, that I last saw the
deceased alive on 11-19, 1950, and that death occurred at 9:00 m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

11-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1950

VS 150

Huntington Williams, MD

R V Singleton

Glen Burnie, MD

124B

MEDICAL CERTIFICATION

See Document file 50-9956

"Probably cirrhosis of the liver"

12/4/50
ES

200

- 9957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9957
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM JACKSON SISK		2. DATE OF DEATH Nov 19-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1510 Sycamore St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 25-05	
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE 13 Yrs. 13 Mos. 13 Days		8. STREET ADDRESS (If rural, give location) 1510 Sycamore St.	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH Jan 30, 1890
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		14. KIND OF BUSINESS OR INDUSTRY R.R. M.R.	
15. FATHER'S NAME William H. Sisk		16. MOTHER'S MAIDEN NAME Laura Burke	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) -		18. SOCIAL SECURITY NO. 215-12-1277	
19. INFORMANT Anna Mae Sisk		20. ADDRESS 1510 Sycamore St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Arterial Sclerosis. INTERVAL BETWEEN ONSET AND DEATH 3 hrs 2 year			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 10 , 19 50 , to Nov 19 , 19 50 , that I last saw the deceased alive on Nov 19, 1950 , and that death occurred at 5:20 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Thos. H. Phillips		23B. ADDRESS 3307 Edmondson	
23C. DATE SIGNED Nov 20 50			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE Nov. 22-1950	
24C. NAME OF CEMETERY OR CREMATORY Glen Haven		24D. LOCATION (City, town, or county) (State) A. A. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		25. FUNERAL DIRECTOR John W. Taylor & Son	
REGISTRAR'S SIGNATURE William H. Phillips		ADDRESS 5311 Edmondson Ave	

AVIATION

1. The first part of the report is a general description of the project. This includes the purpose of the study, the objectives, and the scope of the work. It also includes a brief history of the project and a description of the organization responsible for the study.

2. The second part of the report is a detailed description of the methodology used in the study. This includes a description of the data collection methods, the data analysis methods, and the statistical tests used. It also includes a description of the sample size and the selection criteria for the sample.

3. The third part of the report is a detailed description of the results of the study. This includes a description of the data collected, the data analysis results, and the statistical test results. It also includes a description of the conclusions drawn from the results and the implications of the findings.

4. The fourth part of the report is a discussion of the limitations of the study and the future research needs. This includes a description of the limitations of the methodology used, the limitations of the sample, and the limitations of the data. It also includes a description of the future research needs and the potential for further study.

5. The fifth part of the report is a conclusion and a summary of the findings. This includes a description of the overall findings of the study, the conclusions drawn from the findings, and a summary of the key points of the report.

252
0-9958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9958
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles H. Hawkins</i>		2. DATE OF DEATH <i>21 Nov 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-03</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2611 Guilford Ave</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>27 Aug 1866</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>restaurant proprietor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>restaurant</i>	9. AGE (In years last birthday) <i>84</i>
11. BIRTHPLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Edward Hawkins</i>		14. MOTHER'S MAIDEN NAME <i>Francis Keenan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. McChary</i>		ADDRESS <i>2611 Guilford Ave</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebrovascular accident</i> (B) <i>arteriosclerosis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs</i>
---	---	--

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>none</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>21 Nov 1950</i> , to <i>21 Nov 1950</i> , that I last saw the deceased alive on <i>21 Nov 1950</i> , and that death occurred at <i>2:17 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Fowler F. White</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>21 Nov 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11-24-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CATHEDRAL</i>	
24D. LOCATION (City, town, or county) <i>CITY</i>		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1950</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Stutfield & Sons</i>	
				ADDRESS <i>Charmouth & 23 n 116</i>	

8008

PAINTING OF THE DEATH

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240
0-9959
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9959
Registered No.1. NAME OF DECEASED
(Type or Print)

STEPHEN HUGLL

2. DATE
OF DEATH 11/20/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

427 East North Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

427 East North Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1869

9. AGE (In years last birthday)

81

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Black Smith

10B. KIND OF BUSINESS OR INDUSTRY

Foundry - Hoppers Co.

11. BIRTHPLACE (State or foreign country)

- HUNGARY -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Hugll

10B. KIND OF BUSINESS OR INDUSTRY

Foundry - Hoppers Co.

14. MOTHER'S MAIDEN NAME

Theresa Kunkle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo)

-

(If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Anna Hugll-427 E. North Ave

18. 154X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) Myocardial Failure

1 hr.

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Rectum

6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arterio Cardio Vascular disease

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 22, 1950

19B. MAJOR FINDINGS OF OPERATION

West End Hosp. Ca of Rectum

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1950 to Nov 20, 1950 that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 1209 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Friedman

M. D.

23B. ADDRESS

404 E. North Ave

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/22/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

WIEDEFFELD & SON

ADDRESS

GREENMOUNT AVE & 22ND

1508

1508

W. H. H.

1871

1871

1871

W. H. H.

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253
- 9960

MCGINTY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9960

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MR PETER JOSEPH MCGINTY			2. DATE OF DEATH NOVEMBER 19th 1950		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) CHURCH HOME & HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 22		
c. Length of stay in Baltimore 23 Yrs. 23 Mos. 23 Days			d. STREET ADDRESS (If rural, give location) 7253 HOLABIRD AVENUE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 18 1879	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED POLICEMAN			10b. KIND OF BUSINESS OR INDUSTRY CITY		
13. FATHER'S NAME JAMES MCGINTY			14. MOTHER'S MAIDEN NAME CATHERINE BUCKLEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. _____		
17. INFORMANT MR JAMES MCGINTY ADDRESS 7273 Holabird Ave Balto 22			PATIENTS SON		

18. H22.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Recurrent Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO Arteriosclerotic Cardiovascular Disease		years
		(B) DUE TO Previous cerebral thrombosis		about 2 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO Diabetes mellitus		years

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **November 18th, 1950**, to **November 19th, 1950**, that I last saw the deceased alive on **November 19th, 1950**, and that death occurred at **6:46 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Kelly Moore M.D.** 23B. ADDRESS **Church Home & Hospital, Baltimore** 23C. DATE SIGNED **Nov 19 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-23-50	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950	REGISTRAR'S SIGNATURE W. H. Williams	25. FUNERAL DIRECTOR Kelly & Zick	ADDRESS 403 S. Wolfe Street
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MEDICAL CERTIFICATION

200
50- 9961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9961
Registered No.

1. NAME OF DECEASED (Type or Print) John W. Reiss			2. DATE OF DEATH 11-18-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4503 Woodlea Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4503 Woodlea Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-12-94	9. AGE (In years last birthday) 56	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personell Mgr.			10B. KIND OF BUSINESS OR INDUSTRY Revere Brass Copper		11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Charles Reiss		
14. MOTHER'S MAIDEN NAME Margaret			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Lillian Reiss- 4503 Woodlea Ave		

18. 162x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of right lower lobe of lung DUE TO with metastases to mediastinum (B) (C)	INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 29, 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 5:45 P.M., from the causes and on the date stated above.		
23A. SIGNATURE S. Sherson	23B. ADDRESS 7122 Dunbar Rd. Balto. Md.	23C. DATE SIGNED Nov 20, 50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-23-50	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950	REGISTRAR'S SIGNATURE Lillian Reiss	25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler- 403 S. Wolfe Street
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VS 150
072 3C
047 d

D. K. Loven -

7122 Hayford Rd

620
9962BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9962
Registered No.

1. NAME OF DECEASED (Type or Print) ALICE BURKE		2. DATE OF DEATH 19 Nov 50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 18-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Good Samaritan Hosp 27 N. Carey St		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Balto	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1104 W. Fayette St	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 11/25/1896
9. AGE (In years last birthday) 53		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME David Burke		14. MOTHER'S MAIDEN NAME Sara Parman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Ida Telghman		ADDRESS 1326 N. Mount St	
18. 443 X, and 170 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral thrombosis DUE TO Hypertensive and arteriosclerotic (B) cardio vascular disease DUE TO (C) Possible metastasis from st. breast	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. HOW DID INJURY OCCUR?	
21G. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 19 Sept 1950 , to 19 Nov, 1950 , that I last saw the deceased alive on 18 Nov, 1950 , and that death occurred at 11:15 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE Emil H. Henning Jr.		23B. ADDRESS 601 Winans Way	
23C. DATE SIGNED 20 Nov 50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/24/50	
24C. NAME OF CEMETERY OR CREMATORY Mount Auburn		24D. LOCATION (City, town, or county) (State) md	
25. FUNERAL DIRECTOR Geo. H. Nelson		ADDRESS 1303	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE William Williams	
VS 150		7208A 050.0 Pressman	

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STATE OF TEXAS

WALTER
CONDREY
FROM
10/27/88

200
50- 9963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9963
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Catherine Cox</i>		2. DATE OF DEATH <i>Nov 19, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>19-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>508 n. Bruce st</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>508 n. Bruce st</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>May 5, 1871</i>
9. AGE (in years last birthday) <i>79</i>		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Mary Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Edith Tripps</i>		ADDRESS <i>508 n. Bruce st</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 6, 1950</i> , to <i>Nov 19, 1950</i> , that I last saw the deceased alive on <i>Nov 17, 1950</i> , and that death occurred at <i>8 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Douglas Shepperd</i>		23B. ADDRESS <i>404 n. Fulton ave</i>	
23C. DATE SIGNED <i>11-21-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Nov 11/22/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Star</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 21 1950</i>		25. FUNERAL DIRECTOR <i>Geo. S. Nelson</i>	
REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		ADDRESS <i>1303 Presbman</i>	

MEDICAL CERTIFICATION

094a *st.*

100

100

620
0-9964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-9964

1. NAME OF DECEASED (Type or Print) WALTER LEO BROOKS			2. DATE OF DEATH Nov. 20, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 847 W. Lombard St.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/16/95		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor			10B. KIND OF BUSINESS OR INDUSTRY US Navy		11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Michael Brooks		
14. MOTHER'S MAIDEN NAME Catherine Butler			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or known) (If yes, give war or dates of service) Yes WW I		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.		

18. 446X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Nephrosclerosis with hypertension, uremia and encephalomalacia		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) DUE TO		
(C)		

19A. DATE OF OPERATION Nov. 20, 1950		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 7, 1950 , to Nov. 20, 1950 , that I last saw the deceased alive on Nov. 20, 1950 , and that death occurred at 11:15 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 11/21/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/24/50		24C. NAME OF CEMETERY OR CREMATORY New Balto Natl.	
24D. LOCATION (City, town, or county) (State) 3501 Frederick Ave		24E. FUNERAL DIRECTOR John J. Cowan & Son		24F. ADDRESS 92 Hollins St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE Walter J. Williams, M.D.		VS 150 59591	

1984

1984

CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Birth		4. Date of Birth	
5. Sex		6. Race	
7. Occupation		8. Cause of Death	
9. Signature of Physician		10. Signature of Registrar	
11. Date of Entry		12. Place of Entry	
13. Name of Informant		14. Address of Informant	
15. Signature of Informant		16. Date of Statement	
17. Name of Registrar		18. Address of Registrar	
19. Signature of Registrar		20. Date of Statement	
21. Name of Registrar		22. Address of Registrar	
23. Signature of Registrar		24. Date of Statement	
25. Name of Registrar		26. Address of Registrar	
27. Signature of Registrar		28. Date of Statement	
29. Name of Registrar		30. Address of Registrar	
31. Signature of Registrar		32. Date of Statement	
33. Name of Registrar		34. Address of Registrar	
35. Signature of Registrar		36. Date of Statement	
37. Name of Registrar		38. Address of Registrar	
39. Signature of Registrar		40. Date of Statement	
41. Name of Registrar		42. Address of Registrar	
43. Signature of Registrar		44. Date of Statement	
45. Name of Registrar		46. Address of Registrar	
47. Signature of Registrar		48. Date of Statement	
49. Name of Registrar		50. Address of Registrar	
51. Signature of Registrar		52. Date of Statement	
53. Name of Registrar		54. Address of Registrar	
55. Signature of Registrar		56. Date of Statement	
57. Name of Registrar		58. Address of Registrar	
59. Signature of Registrar		60. Date of Statement	
61. Name of Registrar		62. Address of Registrar	
63. Signature of Registrar		64. Date of Statement	
65. Name of Registrar		66. Address of Registrar	
67. Signature of Registrar		68. Date of Statement	
69. Name of Registrar		70. Address of Registrar	
71. Signature of Registrar		72. Date of Statement	
73. Name of Registrar		74. Address of Registrar	
75. Signature of Registrar		76. Date of Statement	
77. Name of Registrar		78. Address of Registrar	
79. Signature of Registrar		80. Date of Statement	
81. Name of Registrar		82. Address of Registrar	
83. Signature of Registrar		84. Date of Statement	
85. Name of Registrar		86. Address of Registrar	
87. Signature of Registrar		88. Date of Statement	
89. Name of Registrar		90. Address of Registrar	
91. Signature of Registrar		92. Date of Statement	
93. Name of Registrar		94. Address of Registrar	
95. Signature of Registrar		96. Date of Statement	
97. Name of Registrar		98. Address of Registrar	
99. Signature of Registrar		100. Date of Statement	

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50-9965
BIRTH NO.

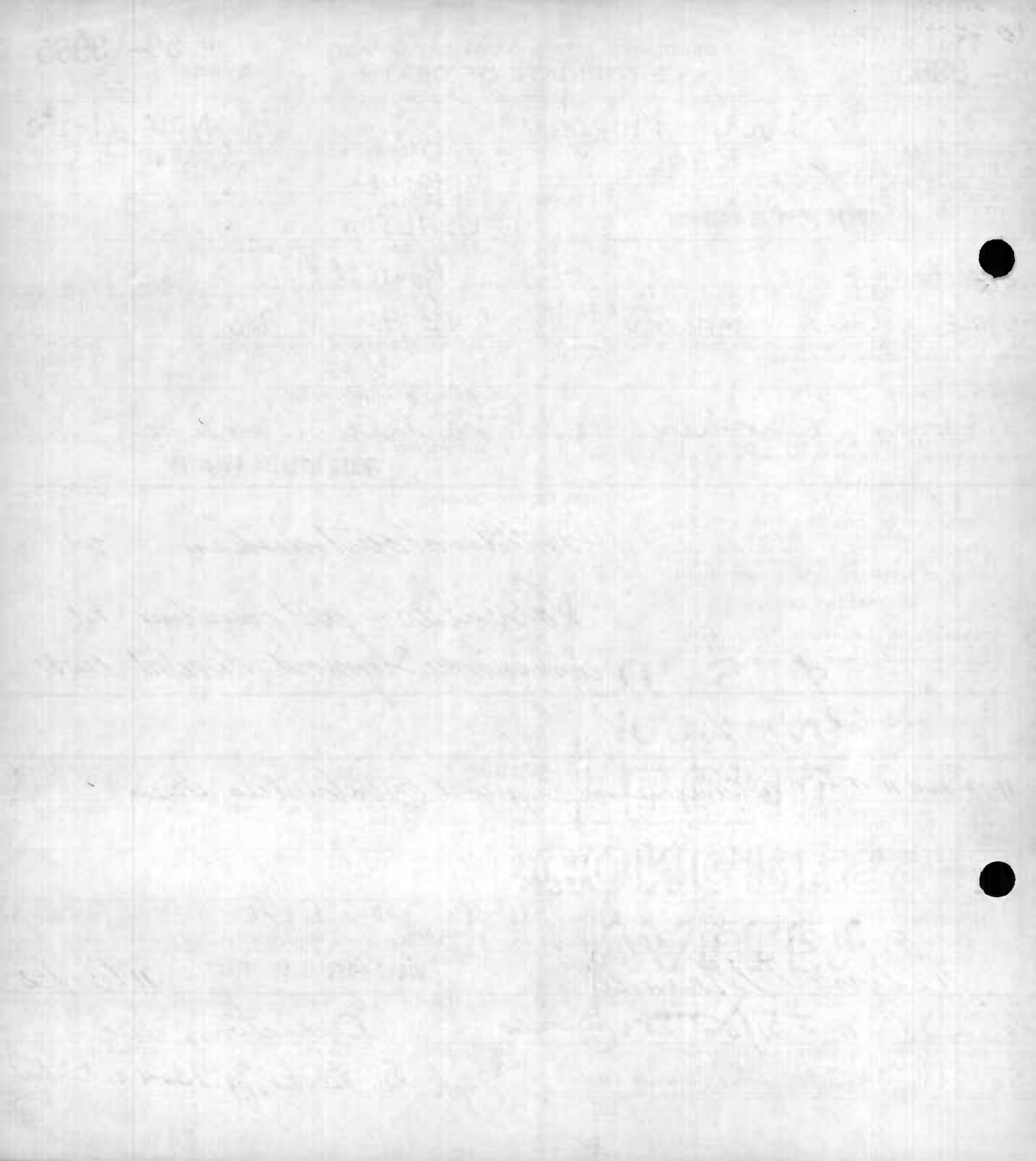
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9965
Registered No.

1. NAME OF DECEASED (Type or Print) Lucy MORGAN			2. DATE OF DEATH NOV 21-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland HAL 2			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE VIRGINIA B. COUNTY V-43		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BEALTON		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) Route 1		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-13-90	9. AGE (In years last birthday) 60	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Moses Fisher			14. MOTHER'S MAIDEN NAME Mollie Everhart		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 153 X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Intestinal obstruction		3d
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Valvulus - post operative		1d
	DUE TO		
	(C) Carcinoma Sigmoid - Recurrent		1wk
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 11-13 and 11-18-50		19B. MAJOR FINDINGS OF OPERATION ① Carcinoma Sigmoid ② Valvulus, ileum		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-8 , 19 50 , to 11-21 , 19 50 , that I last saw the deceased alive on 11-21 , 19 50 , and that death occurred at 3:40 am., from the causes and on the date stated above.					
23A. SIGNATURE Quane Merrill		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/21/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11-21/50	24C. NAME OF CEMETERY OR CREMATORY St. James	24D. LOCATION (City, town, or county) Bealeton, Va	(State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Joseph B. Lock, Jr.		ADDRESS 1304 N. Central Ave	



656
50-9966BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9966
Registered No.

1. NAME OF DECEASED (Type or Print)		ELLEN TURNER		2. DATE OF DEATH November 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 54 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 142 W. York Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9-15-1896	9. AGE (In years last birthday) 54	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME John Worsey		14. MOTHER'S MAIDEN NAME Elmora Busine			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. none.		17. INFORMANT Mary Fagon	
18. 344X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERNAL CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Internal hydrocephalus DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion, resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Spriggs		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11-13-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/22/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Emty	
24D. LOCATION (City, town, or county) Balto.		24E. FUNERAL DIRECTOR H. B. Spriggs		24F. ADDRESS 139 W. Hamley St.	

400
- 9957BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9967
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles W. Klee

2. DATE
OF
DEATH

11-21-50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

c. Length of stay in Baltimore

21

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

Retail

13. FATHER'S NAME

John

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

Hypostatic pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Peritonitis

15

(C) DUE TO

Resected Carcinoma of rectum

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

11-1-50 3

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of rectum

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29-50, 19__, to 11-21-50, 19__, that I last saw the
deceased alive on 11-21, 1950, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE

J. J. Borges

M. D.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

11-21-50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Nov. 24, 1950

24c. NAME OF CEMETERY OR CREMATORY

Westminster Cem -

24d. LOCATION (City, town, or county)

Westminster, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. B. Bland + Son, Westminster

ADDRESS

NOV 21 1950

VS 150

046d 700.

635
50-9968
BIRTH NO.

CERTIFICATE CORRECTED 12-6-50

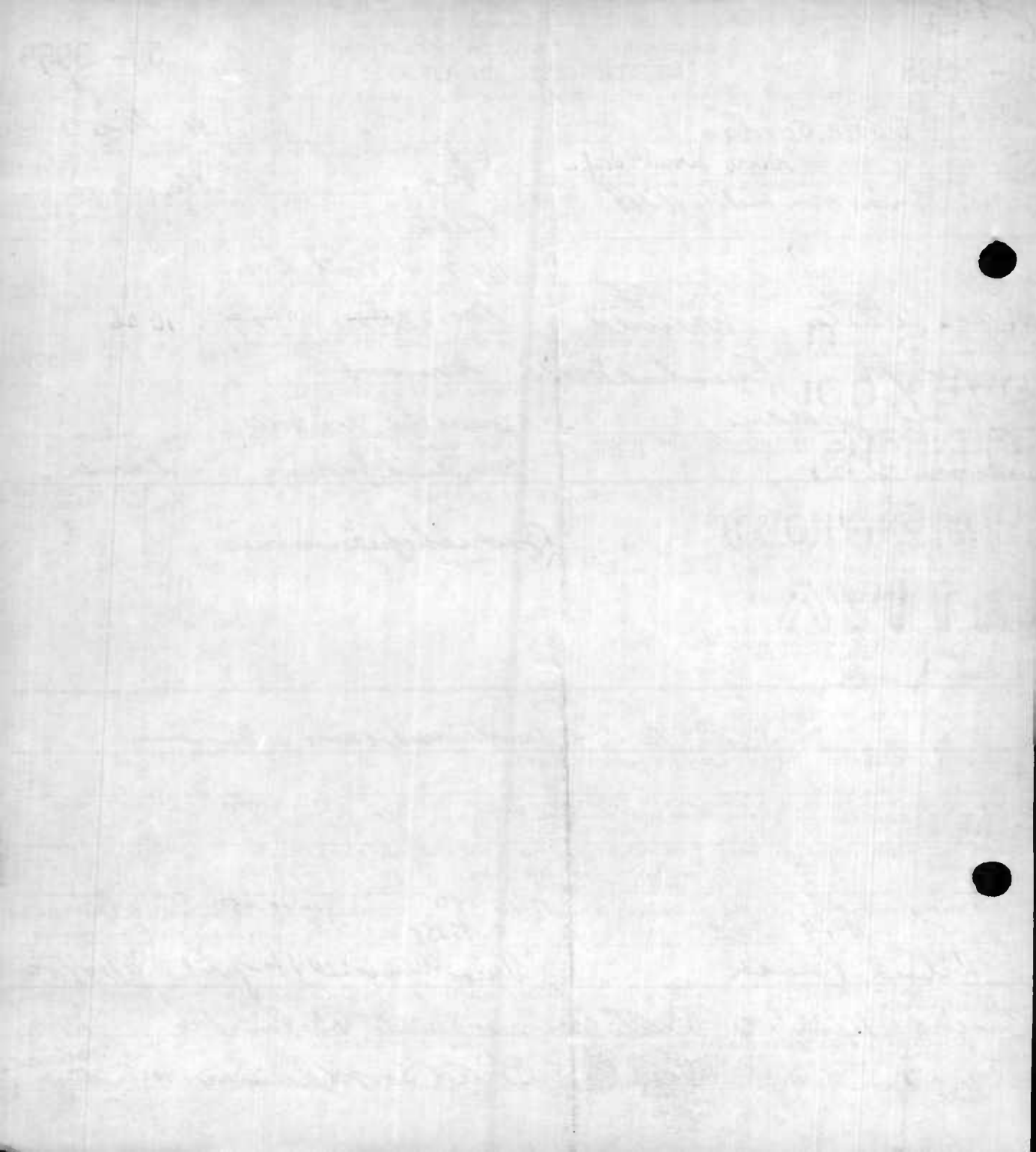
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-9968

1. NAME OF DECEASED (Type or Print) <i>David Jordan A</i>		2. DATE OF DEATH <i>11-19-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Union Memorial Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>15-01</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1667 W. North Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1872</i> <i>Dec. 2 4 1871</i>
9. AGE (in years last birthday) <i>77 7/8</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Furniture Dealer</i>	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME <i>Wolf Jordan</i>		14. MOTHER'S MAIDEN NAME <i>Constance Meyers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Mo. Janine Jordan</i>		ADDRESS <i>Lane</i>	
18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Bronchopneumonia</i> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Massive Hematemesis, cause unknown</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-16-50</i> , 19 <i>50</i> , to <i>11-19-50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11-19</i> , 19 <i>50</i> , and that death occurred at <i>9:35 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Richard Beach</i>		23B. ADDRESS <i>Union Memorial Hospital</i>	
23C. DATE SIGNED <i>11/19/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>11/22/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto Hebrew Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Belair Rd Md</i>	
25. FUNERAL DIRECTOR <i>David Sord (Heinrich) 1802 E. ...</i>		ADDRESS <i>place</i>	

VS 150

107.0



550
50-9969

50-9969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.			2. DATE OF DEATH 21 Nov '50		
1. NAME OF DECEASED (Type or Print) Harry Schoenman					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-01		
C. Length of stay in Baltimore 4 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) eastward apt.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 24/1882		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Clothing Industry	11. BIRTHPLACE (State or foreign country) Balt Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Schoenman			14. MOTHER'S MAIDEN NAME Eddie Wurtzburger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT R. Schoenman		
			ADDRESS eastward apt.		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Pulmonary emphysema + edema DUE TO (B) A.S.H.D. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 November, 1950, to 21 Nov., 1950, that I last saw the deceased alive on 21 Nov 1950, and that death occurred at 6:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE George H. Greenstein M.D.		23B. ADDRESS SINAI HOSPITAL		23C. DATE SIGNED 21 Nov '50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 22/1950		24C. NAME OF CEMETERY OR CREMATORY Balt Hebrew Cemt	
				24D. LOCATION (City, town, or county) (State) Belair Ave. Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE Eustington Williams, M.D.		25. FUNERAL DIRECTOR David S. Lachman & Son, 1902 E. Ave. SE	

DEPARTMENT OF HEALTH
CHICAGO, ILL.

NAME		AGE		SEX		RACE		RELIGION		EDUCATION		OCCUPATION		MARRIAGE		SINGLE		MARRIED		DIVORCED		WIDOWED		REMARKS			

TO BE APPROVED BY
CHIEF MEDICAL
EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9970
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **EDWARD
THOMAS/PARKS**

2. DATE
OF
DEATH **Nov. 20, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **US Marine Hospital**
Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Va.** B. COUNTY **1-43**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Tangier

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore **2 days**
Yrs.
Mos.
Days

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH
? 1860

9. AGE (In years last birthday) **90**
If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Waterman

10B. KIND OF BUSINESS OR INDUSTRY
Seafarer

11. BIRTHPLACE (State or foreign country)
Va.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
?

14. MOTHER'S MAIDEN NAME
?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
?

16. SOCIAL SECURITY NO.
None

17. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md.

18. **E 900.61**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardiac arrest**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**1 hr.
40 min.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Comminuted fracture intertrochanteric left hip and possible posterior cardiac infarct.**
DUE TO

3 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **CERTIFICATION APPROVED BY**
[Signature]
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION
11/20/50

19B. MAJOR FINDINGS OF OPERATION

Comminuted fracture of left hip

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Tangier, Va.

21D. TIME (Month) (Day) (Year) (Hour)
11/17/50 ? 2 PM

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Missed step coming out of a store and fell on street

22. I hereby certify that I attended the deceased from **Nov. 17, 1950**, to **Nov. 20, 1950**, that I last saw the deceased alive on **Nov. 20, 1950**, and that death occurred at **5:10 PM**, from the causes and on the date stated above.

23A. SIGNATURE
John L. Wilson, Medical Director

23B. ADDRESS
US Marine Hospital, Balto, Md.

23C. DATE SIGNED
11/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
NOV 21 1950

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Edward L. Brington, Cranfield, Md.
186a

530
50-9971BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-9971

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELLEN REESE SMITH			2. DATE OF DEATH NOV. 21-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 751 GRANTLEY ST.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE M.D. B. COUNTY C. CITY OR TOWN BALTO. D. STREET ADDRESS (If rural, give location) 751 GRANTLEY ST.		
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH JUNE 30-1873		
9. AGE (In years last birthday) 77			10. BIRTHPLACE (State or foreign country) M.D.		
11. BIRTHPLACE (State or foreign country) M.D.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME EDWARD SMITH			14. MOTHER'S MAIDEN NAME ELIZABETH A. BARNES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT ADDRESS LUCRETIA P. COVER PINEVILLE M.D.			18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Apoplexy (B) Arterio-sclerosis (C) Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH Sudden		
19. DATE OF OPERATION 10			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21d. TIME (Month) (Day) (Year) (Hour) INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 10/21/50, to 11/21/50, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at m., from the causes and on the date stated above.					
23a. SIGNATURE Fran E. Whitehill			23b. ADDRESS 2306 University Drive Baltimore 11/21/50		
23c. DATE SIGNED					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24b. DATE NOV 26-1950		
24c. NAME OF CEMETERY OR CREMATORY LINGANORE CEM.			24d. LOCATION (City, town, or county) FRIED. Co. MD.		
25. DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950			25. REGISTRAR'S SIGNATURE W. Williams		
25. FUNERAL DIRECTOR ADDRESS			H. S. Bankard & Son Westminster Md.		

130 E. Vine St

530
50- 9972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

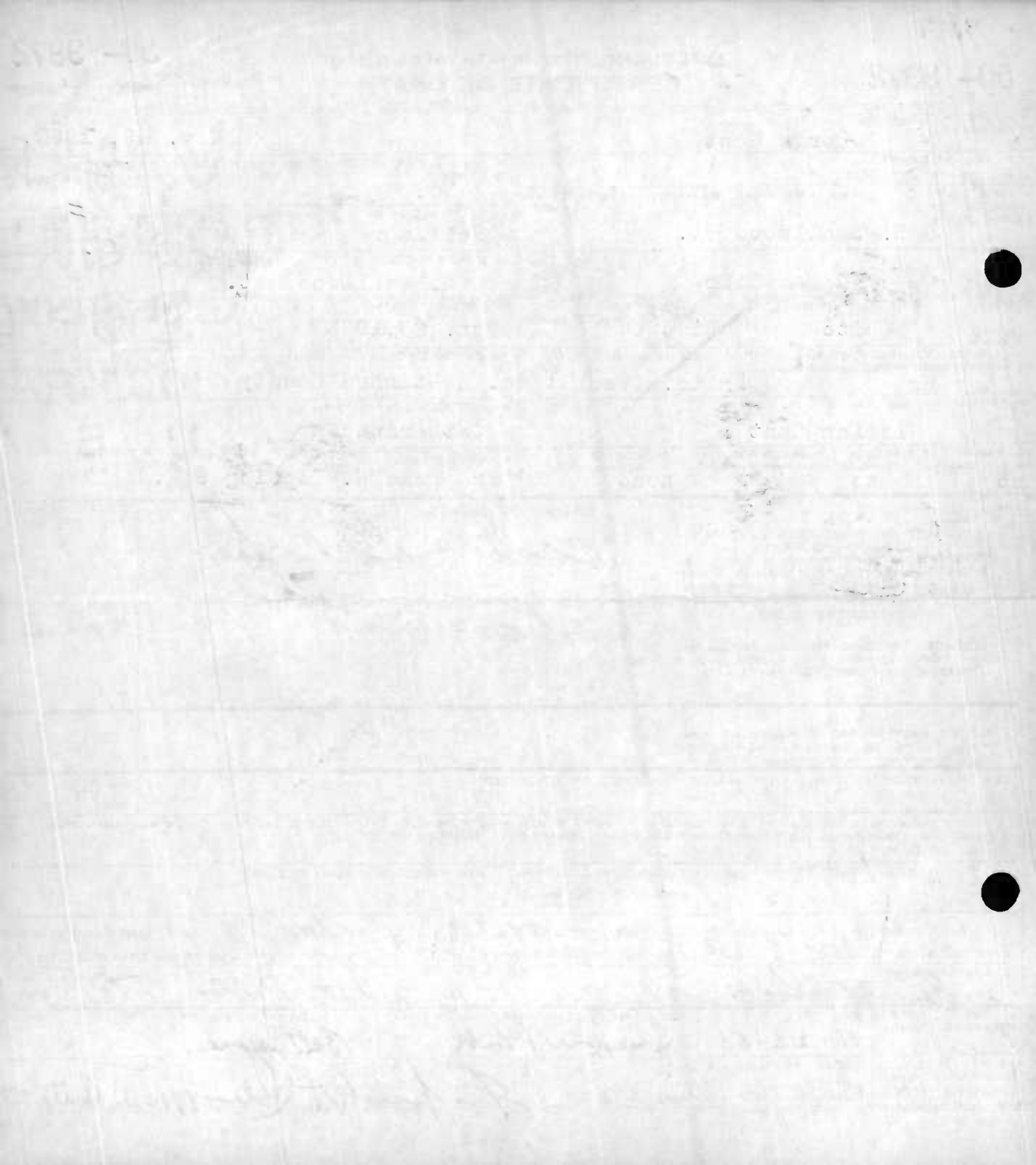
50- 9972
Registered No.

1. NAME OF DECEASED (Type or Print) George Gent			2. DATE OF DEATH Nov. 19, 1950.		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 9 N. Smallwood St.			c. CITY OR TOWN (If outside corporate limits, give location and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 9 N. Smallwood St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1863	9. AGE (in years last birthday) 87	If Under 1 Year Months: Days: 29 If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Starter		10b. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	11. BIRTHPLACE (State or foreign country) Co. Baltimore County		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Gent			14. MOTHER'S MAIDEN NAME Catherine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs Emma M. Topping 9 N. Smallwood		

18. 442 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-renal disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cardio-renal disease Arteriosclerosis no rel.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 17, 1950 , to Nov 19, 1950 , that I last saw the deceased alive on Nov 18, 1950 , and that death occurred at 11:40 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. Emmett Lucas MD		23B. ADDRESS 101 W. Read St. Balto		23C. DATE SIGNED 11/21/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-22-50		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Frederick A. Cole		24F. ADDRESS 1913 W. Balto. St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Frederick A. Cole 1913 W. Balto. St	

131a



BIRTH NO 9973

1. NAME OF DECEASED
(Type or Print) **SISTER**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION *Bon Secours Convent.*

2000 W. Baltimore St.

c. Length of stay in Baltimore 31 years

5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S
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10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Religious Worker

10B. KIND OF BUSINESS OR INDUSTRY
convent.

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *None*

17. INFORMANT

MOTHER CLARA 2000 W. Belmont

18. 331X1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Nov 20, 1950, that I last saw the deceased alive on Nov 20, 1950 and that death occurred at 12:40 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B ADDRESS

23C DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

249. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR
NOV 21 1950

11/17

NAME James D. Fidler, Jr. ADDRESS 11201 1st Ave. S. #100

058 FW

083 a

50- 9974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9974

Registered No. _____

BIRTH NO. 50-24422

1. NAME OF DECEASED
(Type or Print)

Myrtle Elizabeth Bailey

2. DATE
OF
DEATH

11/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 25-32

D. STREET ADDRESS (If rural, give location)

2440 Terra Firma Rd.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/13/50

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

18

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clifton William Bailey

14. MOTHER'S MAIDEN NAME

Myrtle Elizabeth Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother - 2440 Terra Firma Rd.

18. 776 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

prematurity (28 weeks gestation)

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11/13, 1950, to 11/14, 1950, that I last saw the
deceased alive on 11/14, 1950, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward Wilkes

M. D.

23B. ADDRESS

Hendrick Hosp.

23C. DATE/SIGNED

11/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Clifton William Bailey, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL NOV 17 1950

415
- 9975BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-9975

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alban, William

2. DATE
OF
DEATH

11-20-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hosp.

C. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1867

9. AGE (in years

last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Retired

13. FATHER'S NAME

Henry Alban

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Estella Alban Upper Marl

18.

600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(A)

Uremia

DUE TO

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

(B)

Renal atrophy - psychonephritis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Prostatic hypertrophy
Semi-acute uremia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONCOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1-18-50



623
0-9976

WRIGHT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9976
Registered No.

1. NAME OF DECEASED (Type or Print) HOWARD V. RTUE WRIGHT		2. DATE OF DEATH 11-21-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY Harford	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BEL AIR	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2 William St. 6200	
5. SEX M	6. COLOR OR RACE L	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 4, 1892
			9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY CHEMICAL ENGINEER	
11. BIRTHPLACE (State or foreign country) LOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ISSAC C. WRIGHT		14. MOTHER'S MAIDEN NAME ISABELL HASTIE	
15. WAS DECEASED IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes I		16. SOCIAL SECURITY NO. 220-20-7946	
		17. INFORMANT PT. ADDRESS Miss Howard Wright Bel Air Md	
18. 420.0 and 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of the pancreas		CAUSE OF DEATH (A) Cardiac arrest at onset of anesthetic DUE TO operation was for presumptive (B) malignant disease in abdomen DUE TO Cardiac arrest during onset of anesthesia, due to (C) arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH momentary (over) 7 was (2 months)	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 12/2			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 30 , 19 50 , to 11-21 , 19 50 , that I last saw the deceased alive on 11-21 , 19 50 , and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Samuel E. Foster		23B. ADDRESS 1101 St Paul St	
23C. DATE SIGNED Nov 21, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-24-50	
24C. NAME OF CEMETERY OR CREMATORY BELAIR MEN. GARDENS		24D. LOCATION (City, town, or county) (State) BELAIR. MD.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1950		REGISTRAR'S SIGNATURE Wrighton Williams, M.D.	
25. FUNERAL DIRECTOR Joe J Foster		ADDRESS Bel Air Md	

MEDICAL CERTIFICATION

042 4R

468

See Document File 50-9076 for corrective authority

1/8/51 ES

50- 9977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9977

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John R. Reimann,

2. DATE
OF DEATH Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Union Memorial4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandB. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-07D. STREET ADDRESS (If rural, give location)
2827 Rosalie Ave.c. Length of stay in Baltimore
Yrs. Mos. Days

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Jeweler10B. KIND OF BUSINESS OR INDUSTRY
Jewelry (R)8. DATE OF BIRTH
Oct. 2, 1881

9. AGE (In years last birthday) 69

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)
Switzerland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. B.L.Reimann 2504 Creighton Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocardial Infarct
DUE TO

2 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary arteriosclerosis
DUE TO

2 yrs.

(C) General arteriosclerosis
DUE TO

2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 9, 1945, to Nov. 20, 1950, that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/21/50

Parkwood

Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

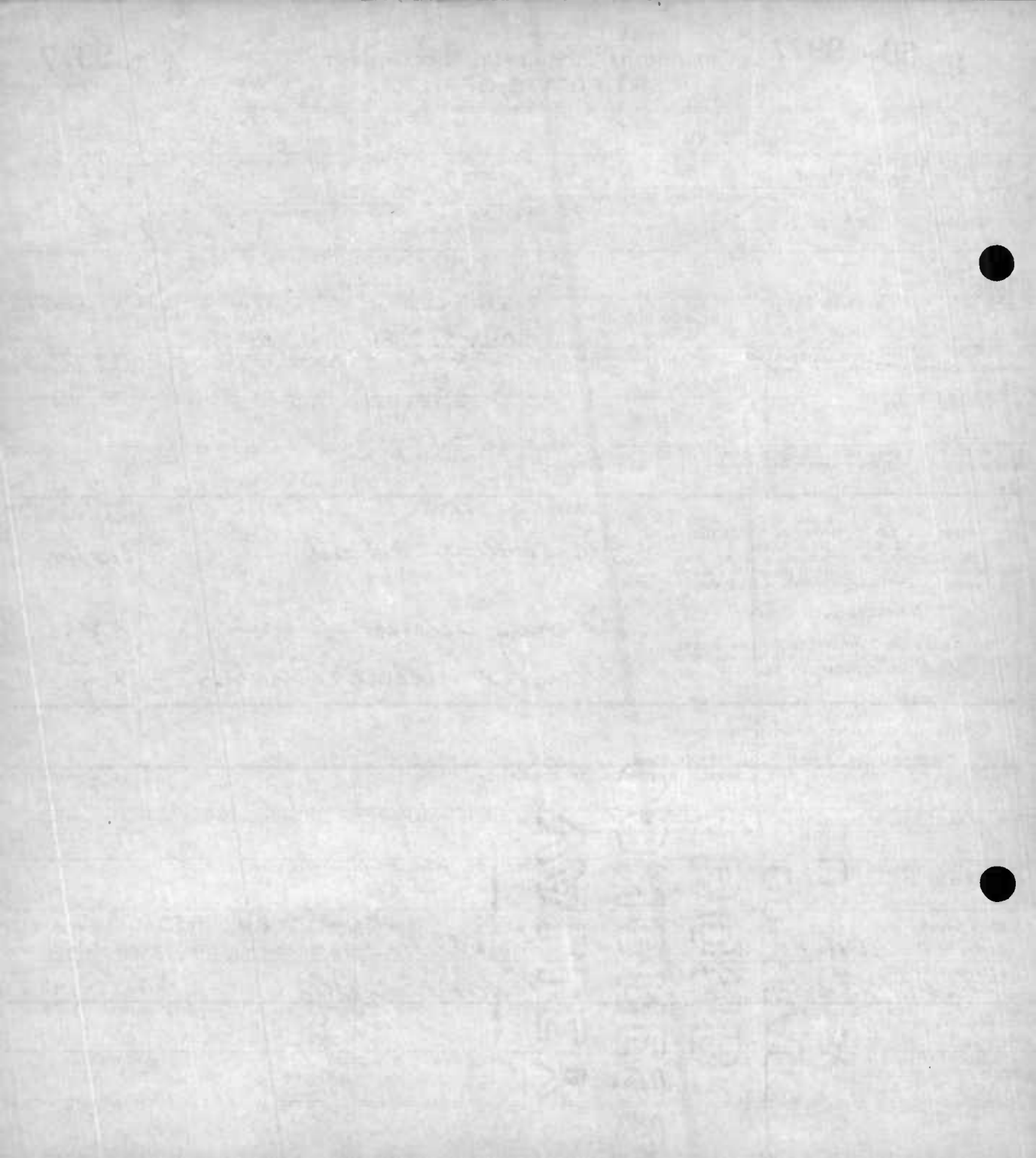
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

Ulrich Funeral Home 2008 Orleans St.,



052 50- 9978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. ELIZABETH PRIMUS

2. DATE
OF
DEATH

Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

BON SECOURS Hospt.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

ANTON KOSTELAK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

8-01

D. STREET ADDRESS (If rural, give location)

3307 RICHMOND AVE / RICHMOND AVE

8. DATE OF BIRTH

12-2-84

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

NEW YORK

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

KATHARINE STERNAD

17. INFORMANT

ADDRESS

JAMES PRIMUS 3307 RICHMOND AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION

17 HOURS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 PM 11-20, 1950, to 9 PM 11-20 1950, that I last saw the
deceased alive on 11-20, 1950, and that death occurred at 9 PM m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

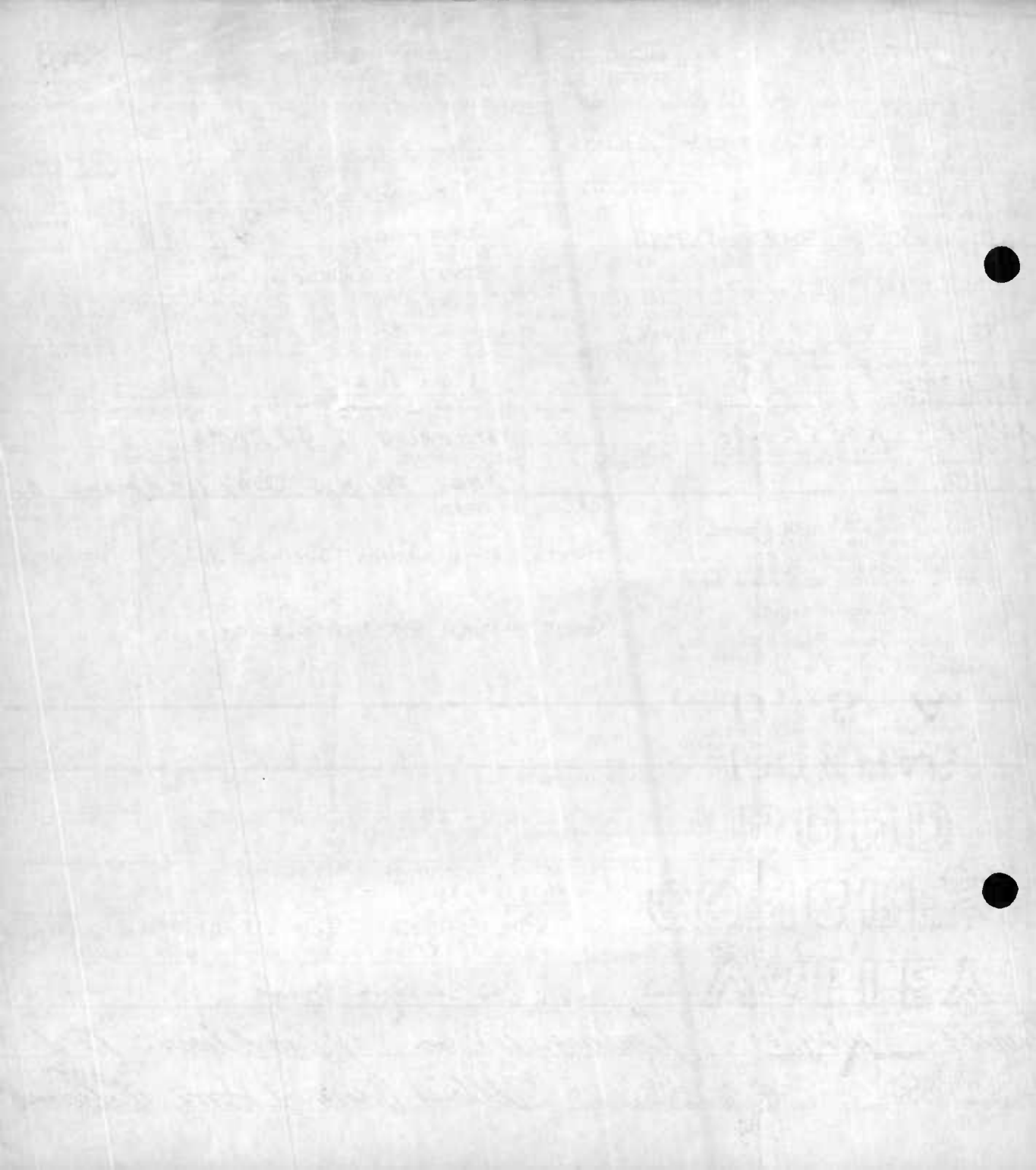
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950



632 50- 9979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50- 9979

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irma

Hartwig

2. DATE
OF DEATH Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Lutheran Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-04

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

602 Stanford Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN 11 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES ROSE

14. MOTHER'S MAIDEN NAME

ANNA VOGEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS GERTRUDE GERRIG 102 GOODALE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive heart disease with
myocardial insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 21, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/24/50

24C. NAME OF CEMETERY OR CREMATORY

Linden Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

White Funeral Home 2008
Baltimore Md

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RECEIVED

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

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1950

1951

1952

1953

1954

1955

50- 9980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9980

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Gertrude Joyce

2. DATE

OF
DEATH Nov 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1435 Mt. Royal Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-03D. STREET ADDRESS (If rural, give location)
2106 E. Madison St.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

March 28, 1880

9. AGE (In years last birthday)
70If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Solomon C. Levie

14. MOTHER'S MAIDEN NAME

Broughton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Tyler Joyce 2727 N. Charles St.,

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
443X I(A) DUE TO
Acute pulmonary edema

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Hypertension C.V.D.
Essential hypertension
(C)

10 yrs

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Nov 19, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

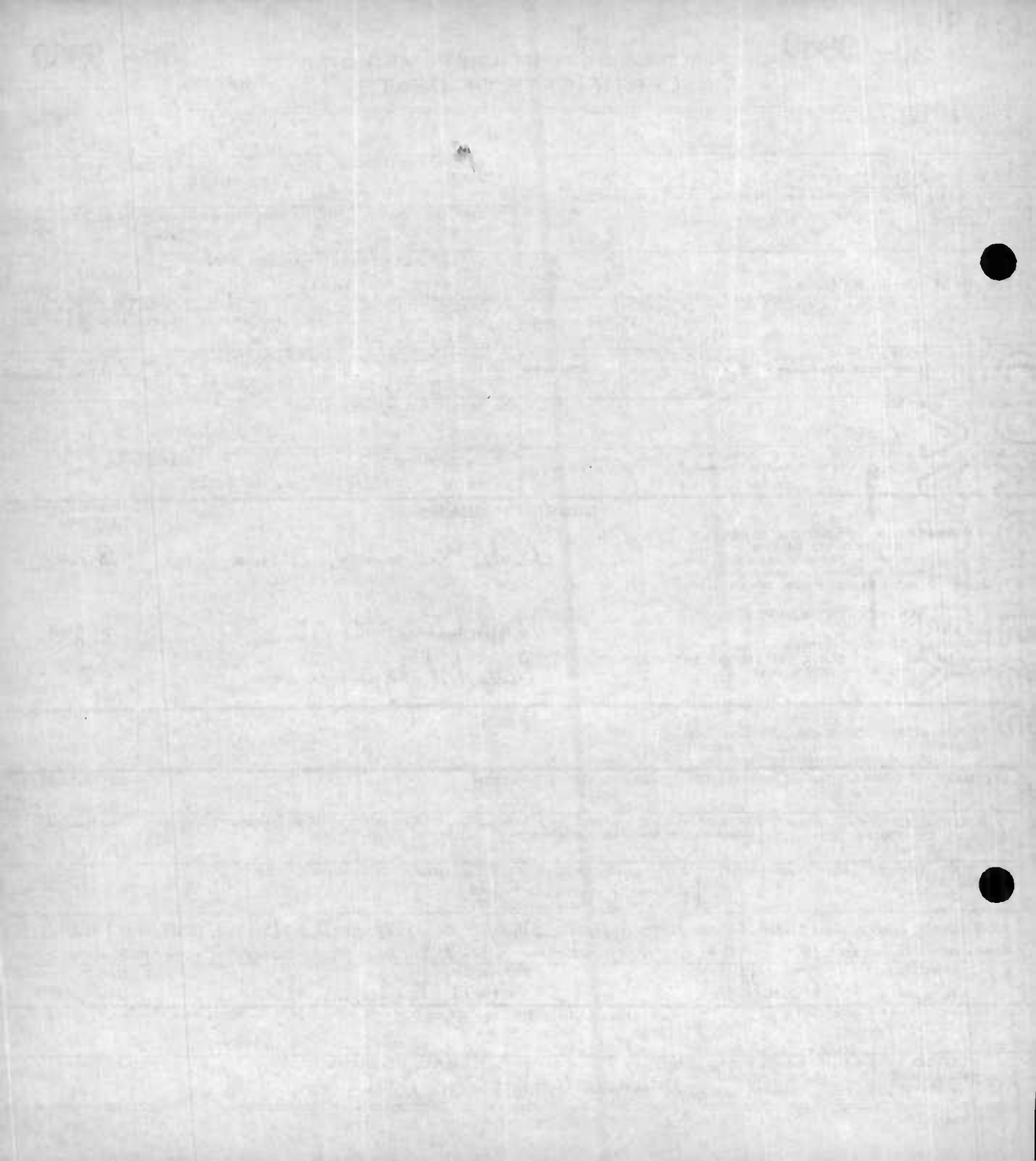
25. FUNERAL DIRECTOR

ADDRESS

Nov 22 1950

Tunington Williams, M.D.

Ullrich Funeral Home 2008 Orleans St.,



540		50- 9981		BALTIMORE CITY HEALTH DEPARTMENT		50- 9981	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Anne C Donnelly				Mar 18/50			
3. PLACE OF DEATH: A. Baltimore City, Maryland 3809 Old York Rd				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE Md			
				B. COUNTY			
				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
				Balto 9-01			
D. STREET ADDRESS (If rural, give location)							
3800 Old York Road							
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Female		White		Single		Sept 15/1895	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
65		Accountant		Balto			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Patrick J Donnelly				Kathleen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
Yes, no or unknown							
17. INFORMANT				ADDRESS			
Leo J Donnelly				3800 Old York Rd			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
175X I				Generalized Carcinomatosis			
ANTECEDENT CAUSES				Carcinoma of Ovary			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				none			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
Oct 1950				Carcinoma of Ovary with metastases			
20. AUTOPSY?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour)				21E. INJURY OCCURRED			
INJURY				WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at 230 P.M., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS			
Thomas J White M. D.				3809 Greenwood Ave			
23C. DATE SIGNED							
11/20/50							
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE			
Burial				11/22/50			
24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)			
Holy Redeemer				Baltimore Md			
25. FUNERAL DIRECTOR				ADDRESS			
Huntington Williams, Jr				Which Funeral Home Baltimore			
DATE RECEIVED BY LOCAL REGISTRAR							
NOV 22 1950							
VS 150				000 72			
				049a			

1958

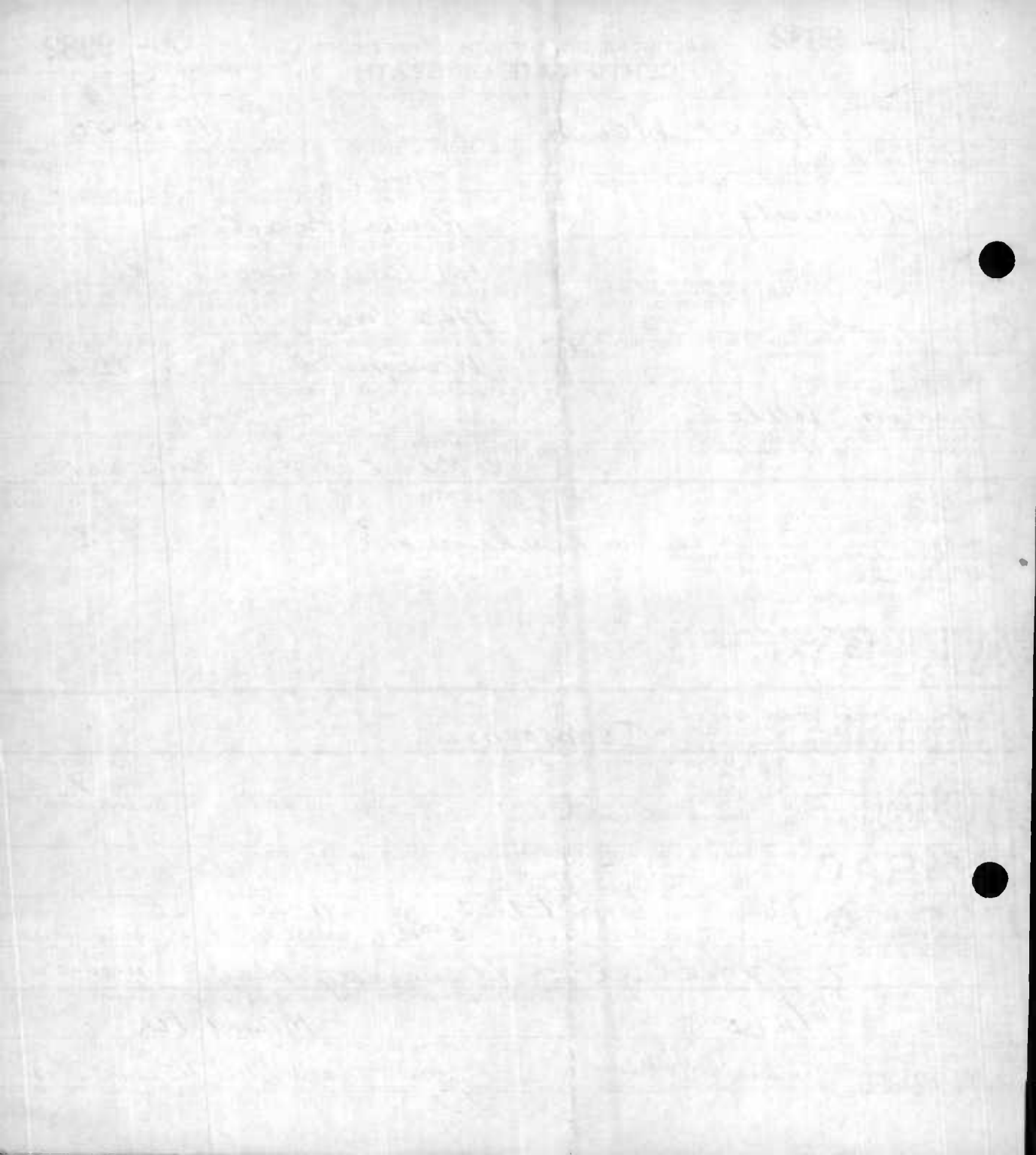
1958

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420 50-9982		BALTIMORE CITY HEALTH DEPARTMENT		50-9982	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) HARRY WELCH			2. DATE OF DEATH 11-20-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION University			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) River Beach 5200		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 151 Carvel Beach Rd.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1943-MARCH 28	9. AGE (In years last birthday) 7	12. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Marion Welch			14. MOTHER'S MAIDEN NAME ? RUTH BRYSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MR. MARION F. WELCH			ADDRESS 151 CARVEL BEACH RD.		
18. 2044 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Leukemia? CAUSE OF DEATH (A) Leukemia? DUE TO INTERVAL BETWEEN ONSET AND DEATH ?					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Osteoporosis					
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-1-50 , 19 50 , to 11-20 , 19 50 , that I last saw the deceased alive on 11-20 , 19 50 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Fredmil M. D.			23B. ADDRESS University Hosp.		23C. DATE SIGNED 11-20-50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/25/50	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) MIAMI FLA
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1950		REGISTRAR'S SIGNATURE Washington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 LIGHT ST-30	

MEDICAL CERTIFICATION



50- 9983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9983

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL DOCHERTY

2. DATE OF DEATH
Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION US Marine Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-02

C. Length of stay in Baltimore ?

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
11 W. Preston Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

2/12/84

9. AGE (In years last birthday)
66If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Relief Officer10B. KIND OF BUSINESS OR INDUSTRY
Sea farer11. BIRTHPLACE (State or foreign country)
Ireland12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Michael Docherty

14. MOTHER'S MAIDEN NAME
Eleanor Duffy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
086-14-635317. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

Coronary arteriosclerosis with

1 mo.

& recent

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

myocardial infarction.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1950, to Nov. 20, 1950, that I last saw the deceased alive on Nov. 20, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE
John L. Wilson, Medical Director23B. ADDRESS
US Marine Hospital, Balto, Md.23C. DATE SIGNED
11/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR
NOV 22 1950REGISTRAR'S SIGNATURE
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St

01-10-1981

01-10-1981

CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Birth		3. Sex	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Family Member		14. Signature of Priest		15. Signature of Minister	
16. Signature of Other		17. Signature of Other		18. Signature of Other	
19. Signature of Other		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

50- 9984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50- 9984

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mollie Rogers

2. DATE
OF
DEATH

Nov. 20-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 707 N. Carey St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

707 N. Carey St

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-01

C. Length of stay in Baltimore

49

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

707 N. Carey St

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 7, 1877

9. AGE (In years last birthday)

73 yrs

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ill.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Schultz

14. MOTHER'S MAIDEN NAME

Phillis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Arthur Rogers 707 N. Carey St

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) General Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6-8-49-11-20

12-7-49-27

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-13-49

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Cervix

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-1948 to 11-20-1950 that I last saw the deceased alive on 11-19-1950 and that death occurred at 1:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. D.

23B. ADDRESS

639 N. Carey St

23C. DATE SIGNED

11-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

A. A. C. Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 22 1950

REGISTRAR'S SIGNATURE

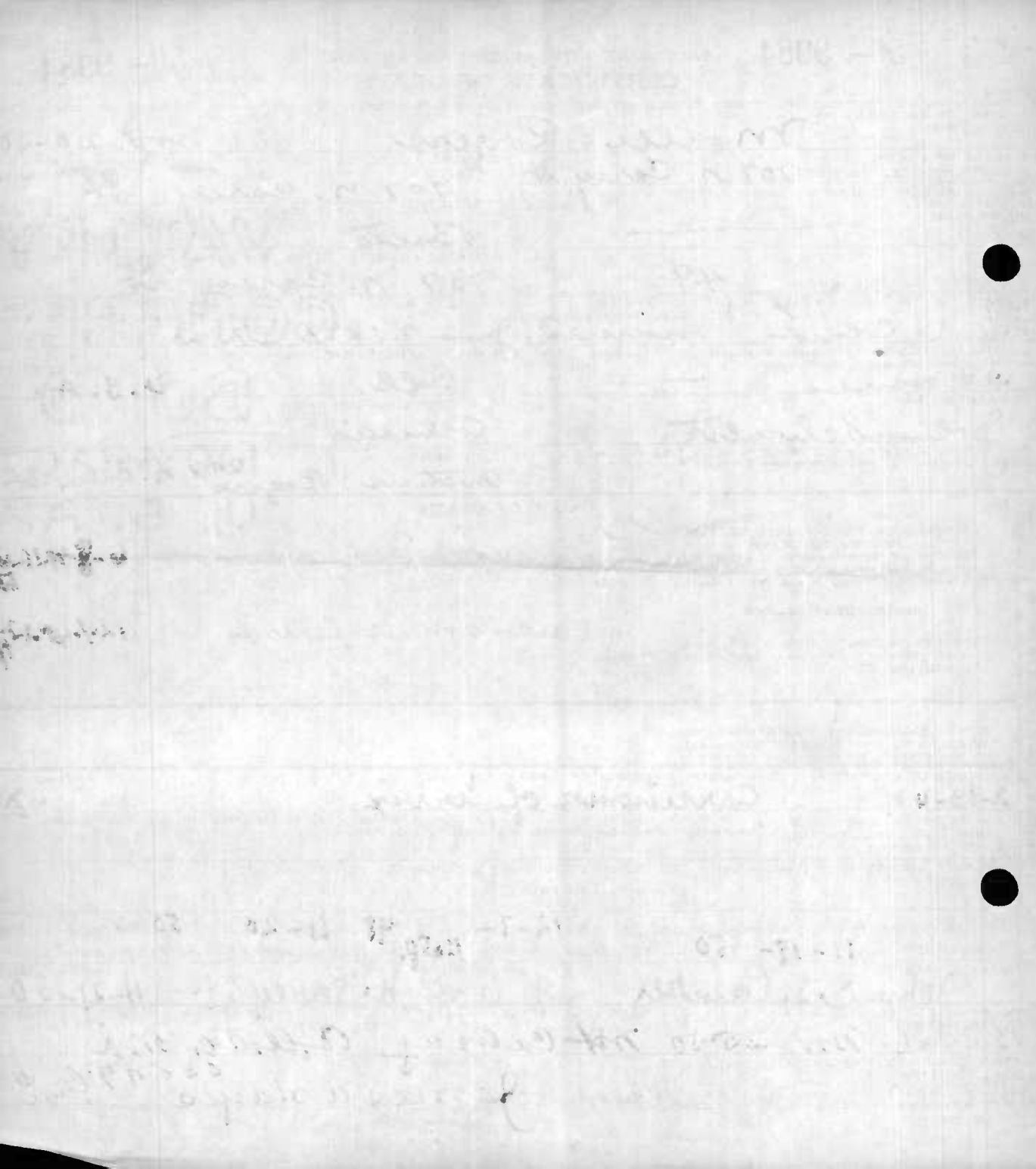
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

James A. Hayes

ADDRESS

638 N. Carey St



530 50- 9985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9985
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Kay Smith		11/20/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN			
4110 Newton Ave		Baltimore 170 25-31			
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		4110 Newton Ave			
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH	11. AGE (in years last birthday)	12. If Under 1 Year Months Days
	W	married	Jan. 6, 1886	64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
housewife		at home		Scotland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Thomas Black		Ellen Fraser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mr. Richard C. Smith 4110 Newton Ave.	
18. 443X I		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive C. V. Disease			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... M.D.		23C. DATE SIGNED	
				11/20/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11/24/50		Loudon Park	
24D. LOCATION (City, town, or county)		24E. ADDRESS			
Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 22 1950		Huntington Williams, M.D.		Wm. J. Dickner & Sons, Baltimore	

2280 - 10

STATE OF TEXAS
COUNTY OF DALLAS

1862 - 11

20
50- 9986BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50- 9986

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Smeak, Mr. Clarence Oscar

2. DATE
OF
DEATH

21 Nov. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Penn.

B. COUNTY

York

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hanover

D. STREET ADDRESS (If rural, give location)

18 Stock Street

C. Length of stay in Baltimore

45

Yrs
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during life, even if retired)

Conductor

10B. KIND OF BUSINESS OR INDUSTRY

Railway

8. DATE OF BIRTH

15 May 1890

9. AGE (In years last birthday)

60

11 Under 1 Year

Months

Days

11 Under 24 Hours

Hours

Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George M. Smeak

14. MOTHER'S MAIDEN NAME

Laura Boose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. E. J. Reeder, 205 E. Melrose St.

ADDRESS Md.

18. 193 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Neoplasm

INTERVAL BETWEEN ONSET AND DEATH

6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19 Nov. '50

19B. MAJOR FINDINGS OF OPERATION

Cerebral neoplasm

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov., 1950, to 21 Nov., 1950, that I last saw the deceased alive on 21 Nov., 1950, and that death occurred at 10:15 m., from the causes and on the date stated above.

22A. SIGNATURE

Donald J. Slaton, M. D.

22B. ADDRESS

Church Home & Hosp

22C. DATE SIGNED

21 Nov. 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/25/50

24C. NAME OF CEMETERY OR CREMATORY

Rest Haven Cem.

24D. LOCATION (City, town, or county)

Hagerstown, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

William Williams, Jr.

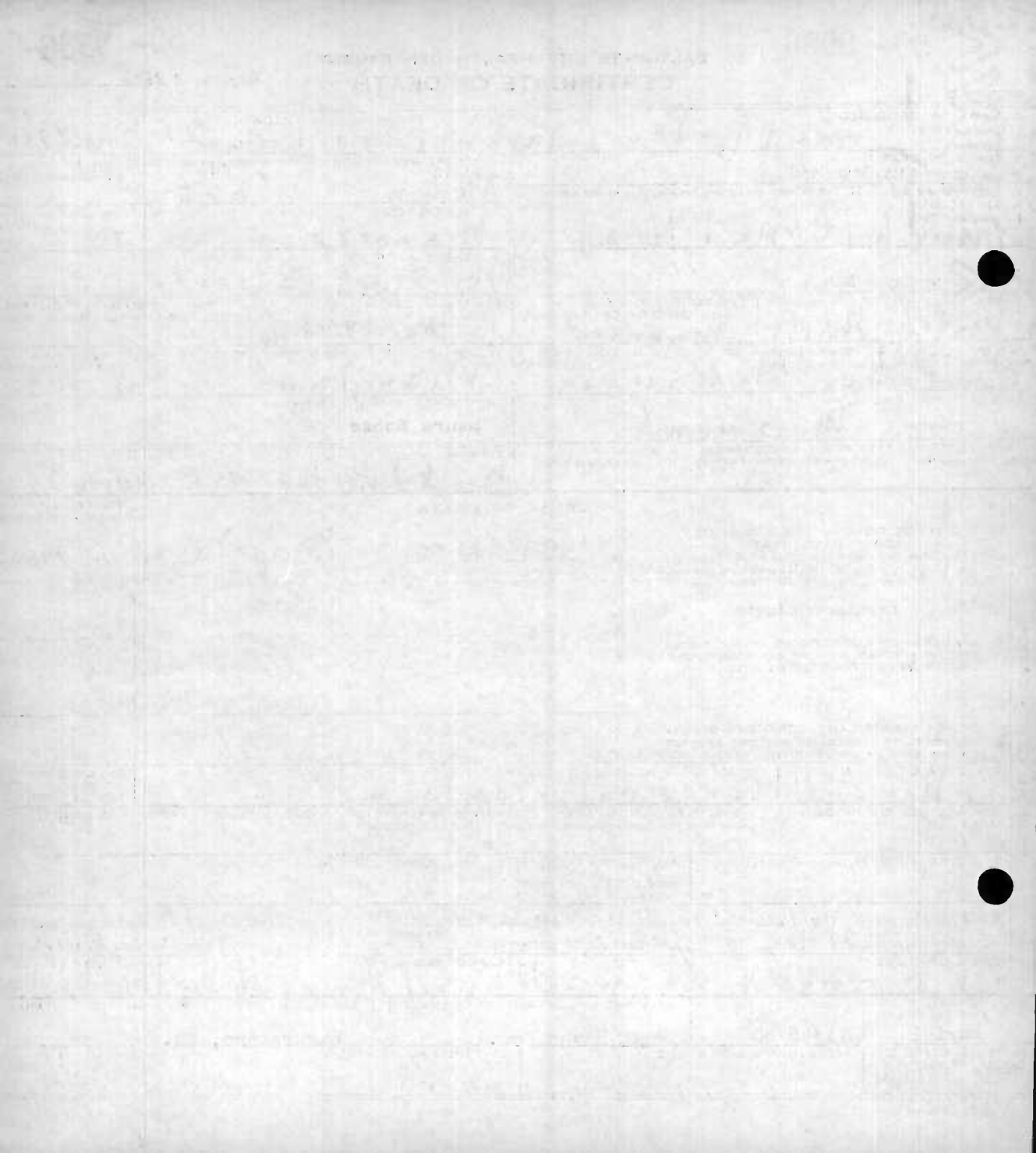
26m. J. Fickenshaw - Baltimore

NOV 23 1950

203 50

054 + md.

MEDICAL CERTIFICATION



236

50- 9987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9987

Registered No.

N.D.-28727

BIRTH ND.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
EMILIE MEISTER		Nov. 20, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		A. STATE Maryland B. COUNTY Baltimore	
c. Length of stay in Baltimore Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX F		D. STREET ADDRESS (If rural, give location) Formerly 3115 Abell Avenue (also City Hosp.)	
6. COLOR OR RACE W		E. DATE OF BIRTH Dec. 17, 1877	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		9. AGE (In years last birthday) 72	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Meister		14. MOTHER'S MAIDEN NAME Amelia Sauer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --	
17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Avenue		ADDRESS	

18. 4/20-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Myo-cardial Infarction, with Mural Thrombus		1 week	
(B) DUE TO		Cerebral Thrombosis		1 Mo.	
(C) DUE TO					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1, 1937, to 11-20, 1950 that I last saw the deceased alive on 11-20, 1950, and that death occurred at 4.05pm., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-21-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/22/50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1950		REGISTRAR'S SIGNATURE Wm. J. Williams		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	
				ADDRESS Baltimore, Md.	

100-100

TEST OF DEATH

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

431 50- 9988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9988

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK GOLDBERG

2. DATE
OF
DEATH

22 Nov 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-10

D. STREET ADDRESS (If rural, give location)

3806 Boorman Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Freida Goldberg - Same

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Myocardial Infarction +
Pulmonary Edema.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Nov. 1950, to 22 Nov., 1950, that I last saw the
deceased alive on 22 Nov., 1950, and that death occurred at 4:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

22 Nov 1950

VS 150

2966E

0932

MEDICAL CERTIFICATION

450

50- 9989

50- 9989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATTIE GOLDENBERG KLEIN

2. DATE
OF
DEATH

11/20/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4210 OAKFORD AVE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 28-41

D. STREET ADDRESS (If rural, give location)

4210 OAKFORD AVE

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

OTTUMWA, IOWA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES GOLDENBERG

14. MOTHER'S MAIDEN NAME

BETTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ARNOLD KLEIN- 2313 CELLOW AVE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 min?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerosis

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1936 to Nov. 20, 1950, that I last saw the
deceased alive on Oct. 26, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

VS 150

7208A

094a

MEDICAL CERTIFICATION

Goldstone
1810 ~~Century~~ PE
La 2121

Page - 02

560 50-9990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9990
Registered No.

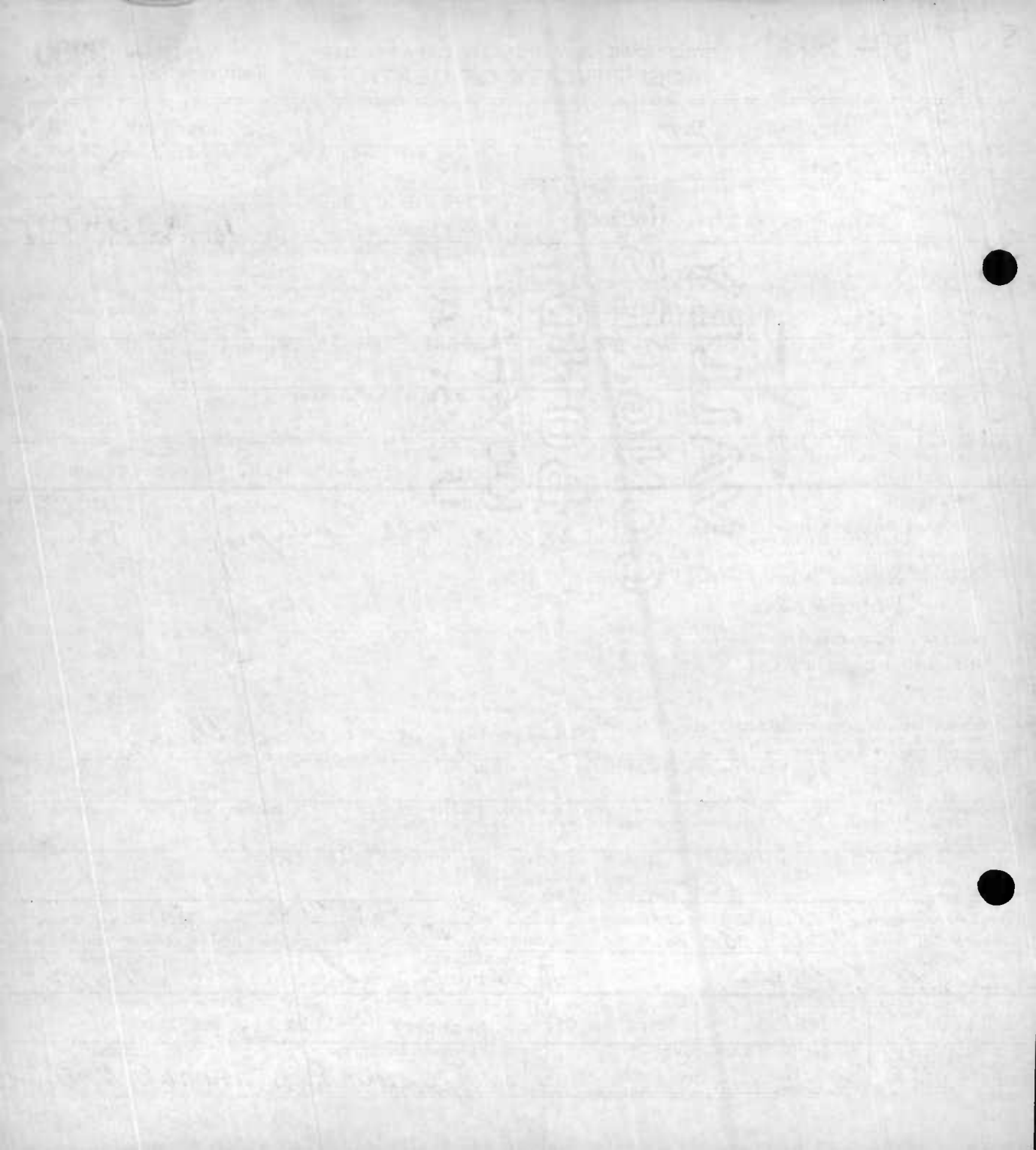
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Abraham Weiner		2. DATE OF DEATH November 21, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 60 4613 Park Heights Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-19	
D. STREET ADDRESS (If rural, give location) 3904 W. Rogers Avenue		E. DATE OF BIRTH 1877	
F. AGE (In years last birthday) 73		G. Under 1 Year Months Days	
H. Under 24 Hours Hours Min.		I. BIRTHPLACE (State or foreign country) Russia	
J. CITIZEN OF WHAT COUNTRY? USA.		K. FATHER'S NAME Samuel Weiner	
L. MOTHER'S MAIDEN NAME Fannie ?		M. INFORMANT ADDRESS Stanley Weiner- 3904 W. Rogers Avenue	
N. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		O. SOCIAL SECURITY NO.	

18. 353.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Grand mal Epilepsy		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
(A) DUE TO ANTECEDENT CAUSES		
(B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C) ... Generalized arteriosclerosis		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1946 , to 11/21 , 1950, that I last saw the deceased alive on 11/21 , 1950, and that death occurred at 4:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE D. M. S. Darling		23B. ADDRESS 2426 E. ...		23C. DATE SIGNED 11/21/50	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/22/50		24C. NAME OF CEMETERY OR CREMATORY Workmen Circle Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1950		REGISTRAR'S SIGNATURE William ...		25. FUNERAL DIRECTOR Sol. ...		ADDRESS 1124-26 W. North Ave	



250 50- 9991 BALTIMORE CITY HEALTH DEPARTMENT 50- 9991
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) **Charles Jackson** 2. DATE OF DEATH **Nov. 19, 1950**

3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY

5. SEX **Male** 6. COLOR OR RACE **Col.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **Nov. 15, 1888** 9. AGE (in years last birthday) **62** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10B. KIND OF BUSINESS OR INDUSTRY **Contracting**

11. BIRTHPLACE (State or foreign country) **Virginia** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Walter Jackson** 14. MOTHER'S MAIDEN NAME **Ida Johnson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **212-12-7419** 17. INFORMANT **Hospital Records** ADDRESS

18. **420 0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Pulmonary edema**
DUE TO
(B) **Congestive Heart Failure**
DUE TO
(C) **Arteriosclerotic Heart Dis.**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

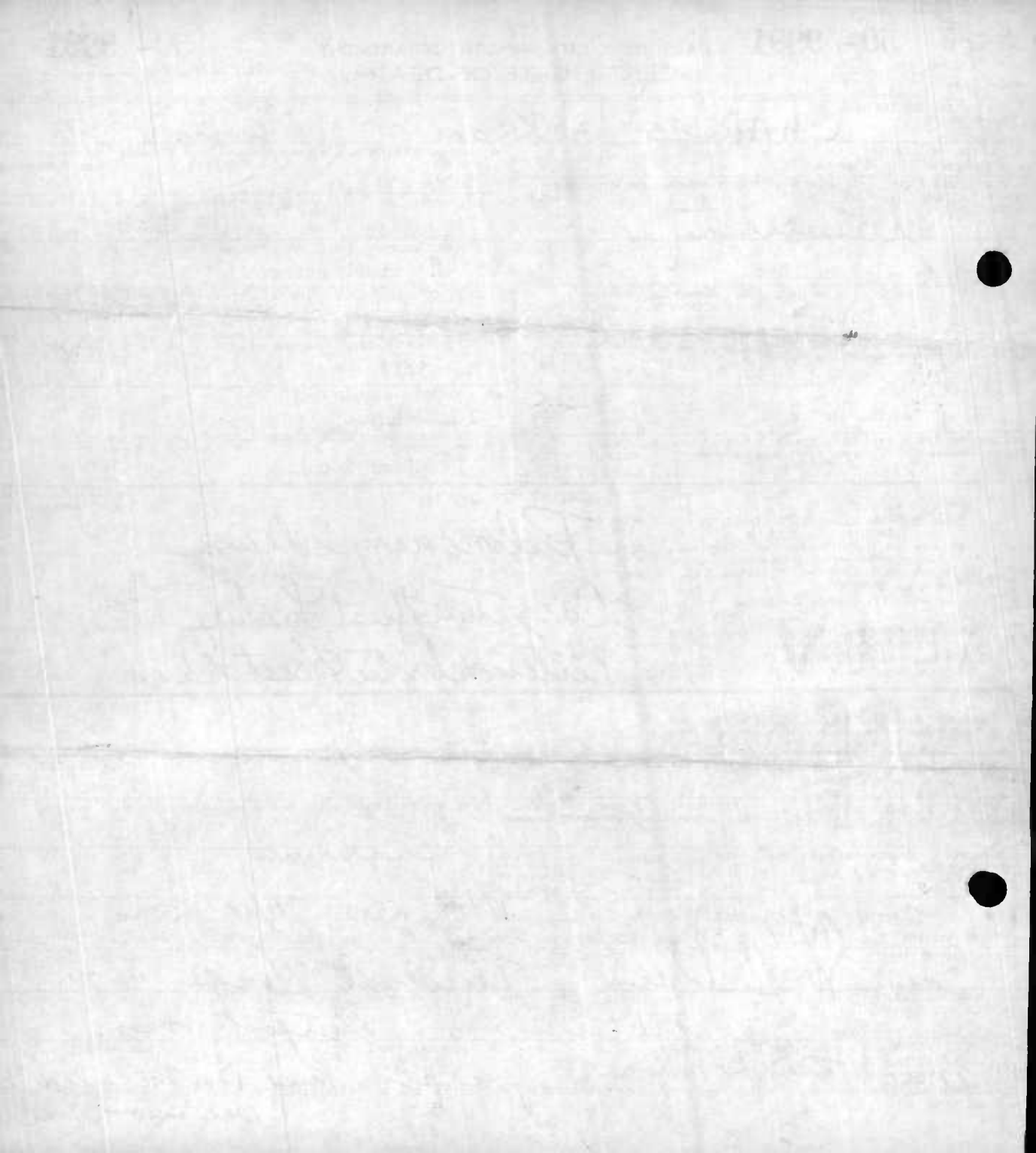
22. I hereby certify that I attended the deceased from **11/19, 1950**, to **11/19, 1950** that I last saw the deceased alive on **11/19, 1950**, and that death occurred at **3:00 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE **John M. Hubbard** M. D. 23B. ADDRESS **University Hosp.** 23C. DATE SIGNED **11/19/50**

24A. BURIAL, CREMA- TION, REMOVAL (Specify) **Burial** 24B. DATE **Nov 24, 1950** 24C. NAME OF CEMETERY OR CREMATORY **Mt Auburn** 24D. LOCATION (City, town, or county) (State) **Westport, Md.**

DATE RECEIVED BY **NOV 22 1950** REGISTRAR'S SIGNATURE **Walter J. Williams, Jr.** 25. FUNERAL DIRECTOR **Joseph L. Russ** ADDRESS **1200 McCulloch St. Baltimore, Md.**

VS 150 97024 0932



50- 9992

50- 9992

N.D. 143388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Martin

2. DATE
OF
DEATH

Nov. 18, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland Balto. City

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

d. STREET ADDRESS (If rural, give location)

906 W. Franklin St.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 27, 1902

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gang Leader

10b. KIND OF BUSINESS OR
INDUSTRY

Locke Insulator

13. FATHER'S NAME

Arthur Martin

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of pancreas with Metastasis
Generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1950, to 11-18, 1950, that I last saw the
deceased alive on 11-18, 1950, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

M. D.

4940 Eastern Avenue

23c. DATE SIGNED

11-20-50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

11/22/1950

Arbutus Mem. Park

Arbutus Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

E. J. Wilson

1000 Beantley Ave

5400-27

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY
WASHINGTON, D. C.

5400-27

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652 50-9993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9993
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Elmer F Barnes</u>			2. DATE OF DEATH <u>11/20/50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2824 Rayner Ave</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>16-06</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>00</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Md 16-06</u>		
C. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Mary A Barnes</u>	8. DATE OF BIRTH <u>July 13-1901</u>		9. AGE (In years last birthday) <u>49</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Egg Grater</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Currency Creamery</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Daniel W. Barnes</u>			14. MOTHER'S MAIDEN NAME <u>Bessie M. Kelso</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <u>179-07-188</u>	17. INFORMANT <u>Mary A Barnes</u> ADDRESS <u>2824 Rayner Ave</u>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>420.11</u> CAUSE OF DEATH <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis C+D Disease</u>			DUE TO <u>2 yrs.</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONCOITION CAUSING IT. <u>Ventral Hernia operated</u>			<u>3 yrs.</u>		
19A. DATE OF OPERATION <u>October 11, 1950</u>		19B. MAJOR FINDINGS OF OPERATION <u>Ventral hernia.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 7</u> , 19 <u>48</u> , to <u>Nov 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 20</u> , 19 <u>50</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Albert Shochat</u>		23B. ADDRESS <u>302 Edmonson Ave</u>		23C. DATE SIGNED <u>11/22/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/24/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St Marys Union Am Silver Run Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 22 1950</u>		REGISTRAR'S SIGNATURE <u>Shochat</u>		25. FUNERAL DIRECTOR <u>Chas P. Towell</u> ADDRESS <u>2427 Edmonson Ave</u>	

10-3013

CERTIFICATE OF DEATH

Elmer F. [unclear]
[unclear] [unclear]

[unclear]

[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear] [unclear] [unclear]

[unclear] [unclear] [unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]

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[unclear] [unclear] [unclear] [unclear] [unclear]

[unclear] [unclear] [unclear] [unclear] [unclear]

[unclear] [unclear] [unclear] [unclear] [unclear]

242
50-9994BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-9994
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*William Douglas*2. DATE
OF
DEATH*Nov. 21/1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*855 N. Eutan St.*

C. Length of stay in Baltimore

*50*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
HOUSEHOLD INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *443 X I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO*Cerebral Haemorrhage**6 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)*Hypertensive C.V. Dis.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from *Nov. 15*, 1950, to *Nov. 21*, 1950, that I last saw the
deceased alive on *Nov. 20*, 1950, and that death occurred at *7:50 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

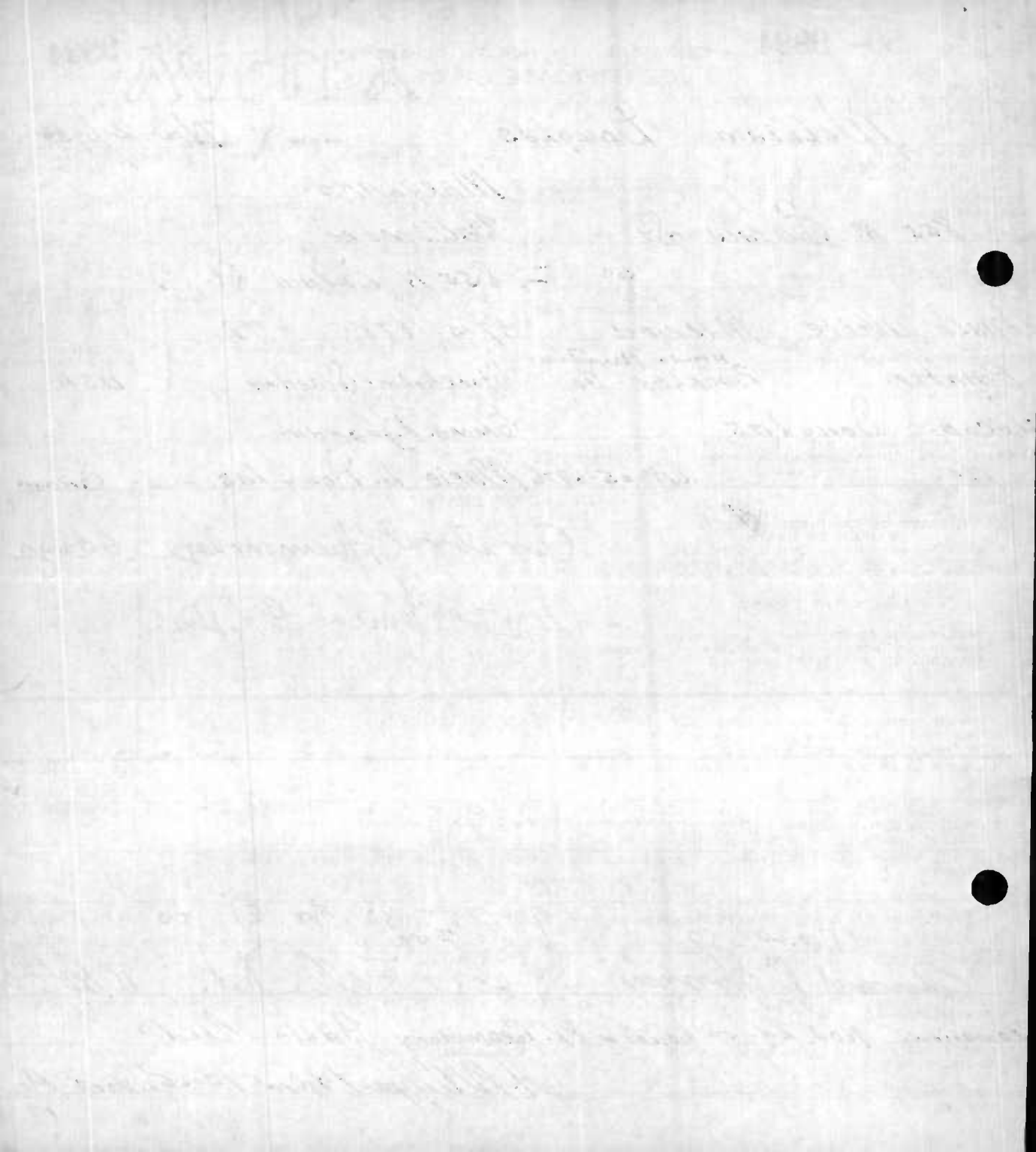
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Annie Shorter* 2. DATE OF DEATH *Nov 20, 1950*

3. PLACE OF DEATH: A. Baltimore City, Maryland *Med Dpt 4* 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY *md Anne Arundel*

5. FULL NAME OF (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL* 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Odenton*

7. STREET ADDRESS (If rural, give location) *5200*

8. DATE OF BIRTH *12-4-1907* 9. AGE (In years last birthday) *42* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country) *Maryland* 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *John Chisley* 14. MOTHER'S MAIDEN NAME *Anna Bell*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS _____

18. *331X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral vascular accident* DUE TO

ANTECEDENT CAUSES

(B) *Hypertension* DUE TO

(C) _____

INTERVAL BETWEEN ONSET AND DEATH *2 days*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *2* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

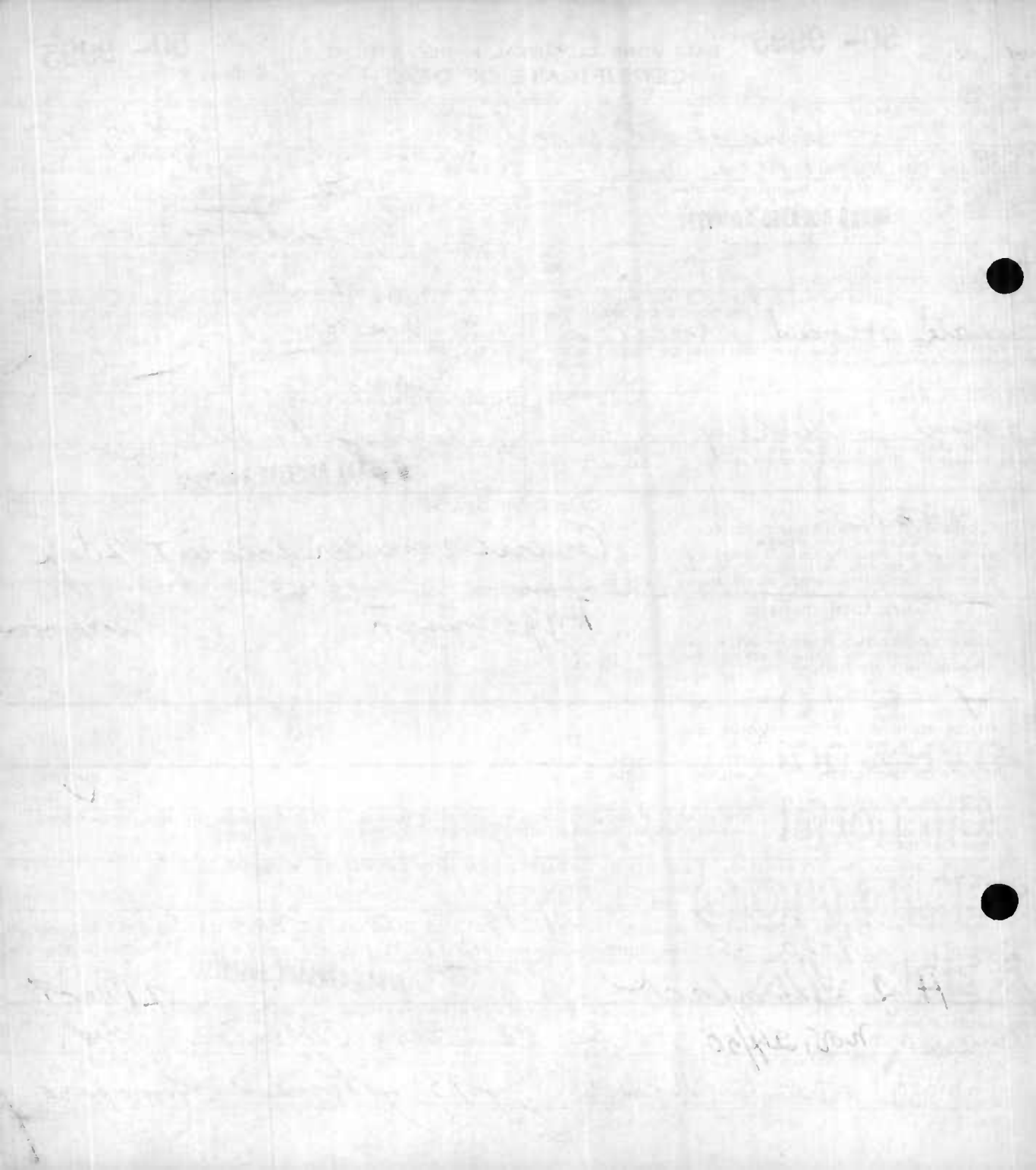
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *11-19-*, 19 *50* to *11-20-*, 19 *50* that I last saw the deceased alive on *11-20*, 19 *50* and that death occurred at *7:15* p. m., from the causes and on the date stated above.

23A. SIGNATURE *H. J. Langford* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *21 Nov 50*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Nov 24/50* 24C. NAME OF CEMETERY OR CREMATORY *Forest Cemetery* 24D. LOCATION (City, town, or county) (State) *Odenton, Md*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 22 1950* REGISTRAR'S SIGNATURE *Washington Williams* 25. FUNERAL DIRECTOR *J. B. Johnson* ADDRESS *Annapolis*



50- 9996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9996

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa Goodman

2. DATE
OF
DEATH

11-20-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

LUTHERAN Hosp. of Md.

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt

27-16

D. STREET ADDRESS (If rural, give location)

3329 Virginia Ave

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

64

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

U.S. &

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Gortruck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bert Goodman - 3329 Virginia

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 11-17-50, 19__, to 11-20-50, 19__, that I last saw the
deceased alive on 11-20-50, 19__, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Lutheran Hosp. of Md.

11-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

Huntington Williams, M.D.

Jack Lewis Inc - 2100 Eutan Pl.

DEPARTMENT OF DEATH

Page 1 of 1

1

1

50- 9997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50- 9997

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Kohlbus

2. DATE
OF
DEATH

November 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2632 Hampden Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2632 Hampden Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 14, 1875

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Penna. R. R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Kohlbus

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Kohlbus, 2632 Hampden Avenue

18. 420.11

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Thrombosis

3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Arteriosclerotic C.V. disease

6 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950 to Nov. 21, 1952, that I last saw the
deceased alive on Nov. 20, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/24/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

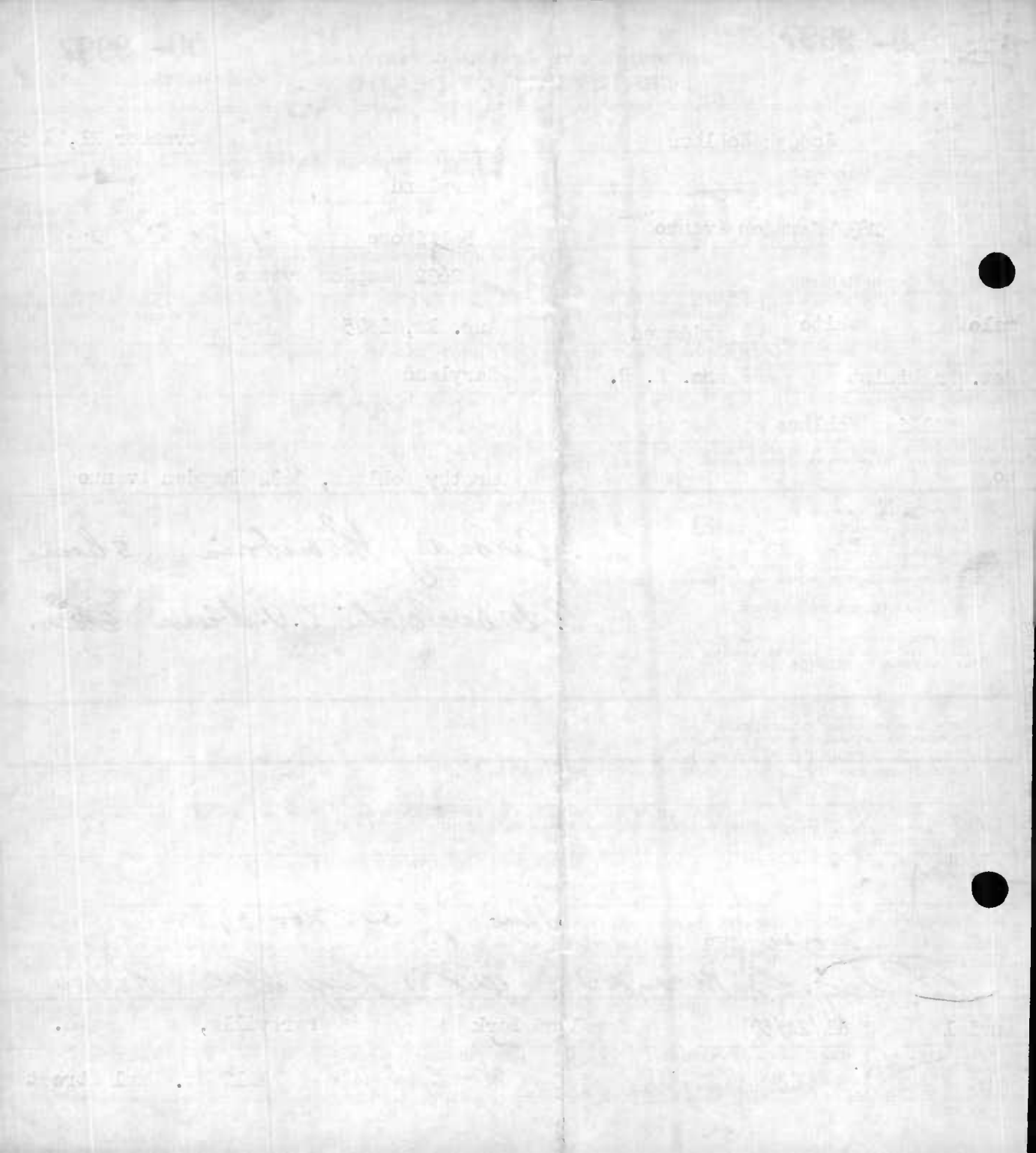
ADDRESS

NOV 22 1950

Huntington Williams, Jr.

Wm. Cook, Inc.

1217 St. Paul Street



160 50-9998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-9998

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie M. Nave

2. DATE
OF
DEATH Nov. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION Ashburton Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-02

D. STREET ADDRESS (If rural, give location)

2605 Lauretta Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 4, 1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Ret. Practical Nurse10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Euler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clarence Nave, Edmondson Avenue, Extended

18. 153X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Adeno Carcinoma of Large Bowel

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Congestive Heart Failure

(C) DUE TO

Arteriosclerotic C.U.H.D.
Sen. ArteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1950, to Nov 20, 1950, that I last saw the
deceased alive on 11/20, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

11/24/50

St. Peters

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

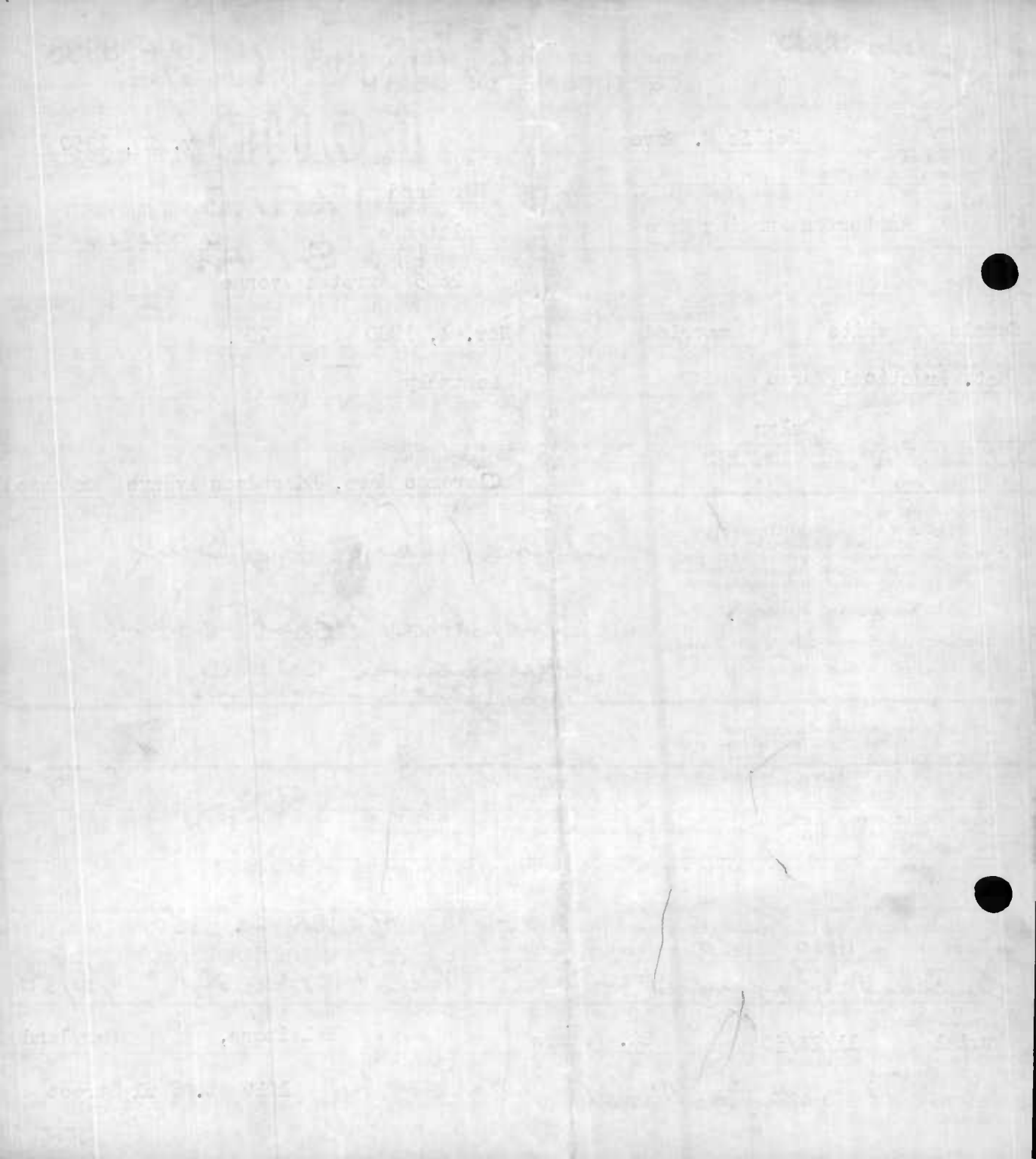
ADDRESS

NOV 22 1950

T. W. Williams, Jr.

Wm. Cook, Inc.

1217 St. Paul Street



53- 9999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50- 9999
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret A. Emrich

2. DATE
OF
DEATH11/21/50 2²⁵ P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1125 Green Mount Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4/20/1885

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days Hours: Min.

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own House

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas F. Garvey

14. MOTHER'S MAIDEN NAME

Mary C. Maxion

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT'S NAME AND ADDRESS

Margaret F. Payette
Seneca Garden Rd. Bowleys Quarters

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of breast

DUE TO

ANTECEDENT CAUSES

(B)

General carcinomatosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 1950, to 11/19, 1950, that I last saw the
deceased alive on 4/19, 1950, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

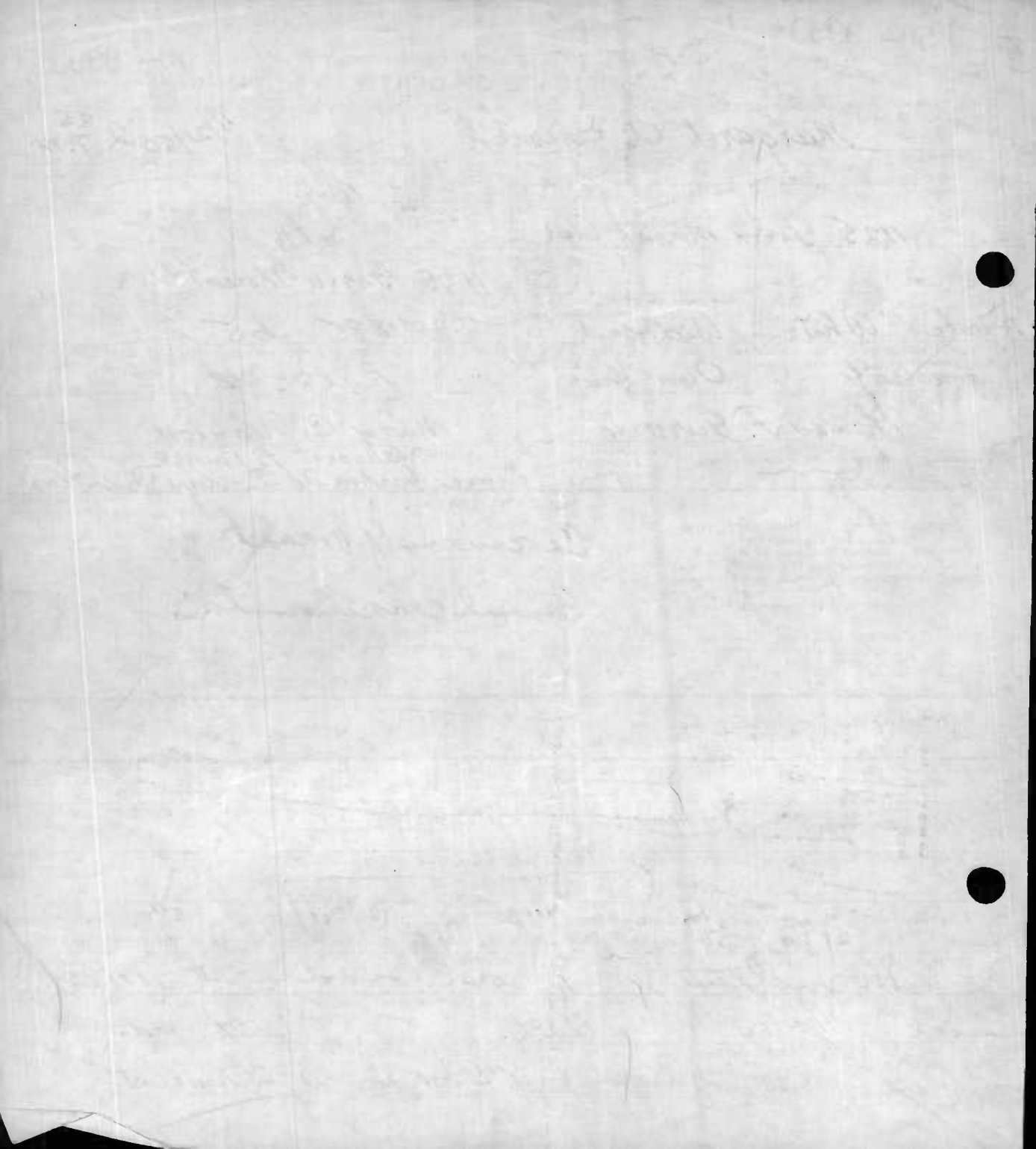
25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

VS 150

050



G.610 50-10000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-10000
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosalie Garbo

2. DATE
OF
DEATH

Nov. 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5332 Liberty Heights Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

5332 Liberty Heights Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb 25th 18779. AGE (in years
last birthday)

73

11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Syracuse

14. MOTHER'S MAIDEN NAME

Lena ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jennie Miller, 5332 Liberty Heights

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Bronchitis

INTERVAL BETWEEN
ONSET AND DEATH

Many years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Myocarditis

several years

(C)

old age

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1950, to Nov. 21, 1950, that I last saw the
deceased alive on Nov. 20, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Jm Luk. C. Blake

M. D.

23B. ADDRESS

med into Bldg

23C. DATE SIGNED

11-22-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/24/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Jm Luk. C. Blake M.D.

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1950

Wm. Corle, Inc. 1217 St. Paul Street

Huntington Williams, M.D.

